ohiconnect

If you would like to enjoy the convenience of automatic billing, simply complete the Credit Card Information section below and sign the form. **All requested information is required.** Upon approval we will automatically bill your credit card for the amount indicated and your total charges will appear on your monthly credit card statement. You may cancel this automatic billing authorization at any time by contacting us.

Please verify your customer information. If anything needs to be changed or updated, please do so in the available fields.

Company Name:		
Website:		
Address:		
City/State/ZIP:		
Phone Number:		
Email Address:		

Billing will begin on the 1st of the month following the receipt of this form

□ I authorize Ohio Connect, LLC to charge a \$_____ one-time fee for the setup of the website to this card.

Select Your Payment Option: *	Credit Card Type	e:
□ Monthly (\$15/Month)□ Visa□ Quarterly (\$45/Quarter)□ MasterCar□ Semi-Annually (\$90/Half)□ American B□ Annually (\$180/Year)□ Discover		SS
Name On Card:		Billing ZIP:
Credit Card Number:	Ex	piration Date: **
Signature of Cardholder:		

* - Monthly payment does not include charges for domain names. You will be charged additional fees for each domain name we manage.

** - As expiration date changes you will need to contact us by phone, fax, or email to update your information.