eLink Pro

7925 Silverton Ave, San Diego CA 92126
Tel: 858.353.7168 : info@elink-pro.com

CREDIT CARD AUTHORIZATION

CLIENT INFORMATION

eLink Pro Email: _____

Contact Name: _____

Company : _____

Telephone: _____

Address: _____

_____

_____

Please fill out, scan and send completed form to:

Email:
info@elink-pro.com

Credit Card Account

Account Type: __ VISA __ MASTERCARD __ DISCOVER __ AMEX

Account Number: ☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐☐

Expiry Date: ☐☐☐☐☐☐☐☐

Security Code: ☐☐☐

Cardholder Name: _____

Address: _____

_____

_____

Country: _____

Amount: $49 per month

Any information provided in this form will be used for the completion of this transaction only.

Authorization
I authorize eLink Pro to debit the credit card account for a monthly in advance recurring payment of USD $49.00. I hereby agree that a scanned emailed signed copy is binding on the Parties. I agree that this is a minimum 6 month subscription and will continue from month to month and I am responsible to provide a written cancellation request to info@elink-pro.com to stop using the service and stop future billings, should I decide to cancel.

Authorized Signature: _____ Date: _____