



1174 P.O. BOX ▪ Cibolo, TX 78108

To receive a code you must email or phone your request for this service.

Tel: (210) 336-6606

Fax: (210) 566-0365

support@gatscomp.net

www.gatscomp.net

Credit/ Debit Card Authorization Agreement

Check box for AutoPay Check Box

I, _____, from the (company) _____

check here for (individual), GATSCOMP account code _____, hereby authorize GATSCOMP to charge my credit/ debit card for the listed service/ product: **Website Management (Advanced Package)**
The credit/ debit card information is listed below.

Account Number: _____ **Exp. Date:** _____

Type of card (check one):



Check Box



Check Box



Check Box



Check Box

Card Issuer: _____ **Issuer Tel:** _____

The amount to be charged \$ **179.99** plus tax and credit card processing fee of **(\$4.69)**.

(The annually charge is \$2,159.88. If you rather pay the annual charge select) Check Box

The card number billing address:

(Please include the three digit card verification number on back of card.)

Name

Address

City State Zip Code

Country



AVS#

card verification number

Tel: _____

Mobile: _____

Cardholder's Name: _____ **(Please Print)**

Cardholder's Signature: _____ **Date:** _____

Cancellation of this service/ product requires a 30 days written cancellation letter.

Please fax to: 210-566-0365

[Click here to digitally sign this from](#)

To electronically sign this form fill in your date of birth (Date of birth):

Internal Use

Representative: _____ **Date:** _____

Signature: _____