



1174 P.O. BOX ▪ Cibolo, TX 78108

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

Tel: (210) 338-9848

Fax: (210) 566-0365

info@britjen.com

www.britjen.com

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 (Special - 10 Page)**
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 **\$ 899.99** will be automatically charged to your debt or credit card.

The card number billing address:

Name

Address

City State Zip Code

Country

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



card verification number

AVS#

Tel: _____

Mobile: _____

Cardholder's Name: _____ (Please Print)

Cardholder's Signature: _____ Date: _____

To electronically sign this form fill in your date of birth (Date of birth): _____ and last four digits of your (social security number): _____

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): _____