



SOLUTION FOR WEBSITES

(WEBSITE) PAYMENT INVOICE

First, Last Name: _____

Business name: _____

Address: _____ City: _____ State: _____ Zip: _____

Phone: _____ Cell: _____ E-mail address: _____

DEBIT/CREDIT CARD AUTHORIZATION

Method of Payment: Debit or Visa Card Debit or Master Card

Name As Appears on Bank Card Acct.: _____

Billing Address: _____ City: _____ State: _____ Zip: _____

Credit Card #: _____ Expiration Date: _____ CVV#: _____

- **This is a one time and lifetime payment , no monthly charges and no annually charges.**
- **There will be no refund for website payment, all changes should be done in seven business working days.**

Package Name: _____ Number of Pages: _____

Package Charge Amount: \$ _____ Total Transaction \$ _____

I authorize Solution For Websites (Account name "One Dallas Taxi Service") to charge my account for Current Transactions.
All other changes such as payment amount, frequency, bank account number change, will require a new Payment Authorization Form to be filled out and submitted to "Solution for Websites sister company (One Dallas Taxi Service)" 15 days prior to any change being implemented.

Signature: _____

Date: _____

Please email this form to:

info@solutionforwebsites.com

Click On the Area to Upload your Image

Picture ID

For Signature Verification