## KELLYENTERPRISES.NET,LLC

1107 KEY PLAZA #401 KEY WEST, FLORIDA, 33040 305-923-6560 phone, 305-517-6524 fax, <u>cmmalta2@comcast.net</u> email

## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize <KELLYENTERPRISES.NET,LLC> to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. All items are sold "AS IS" and only manufacturers warranties apply. There will be no returns or refunds on any item purchased. Furthermore you release Kellyenterprises.net,LLC from any and all product liability claims.

I autho	authorize KELLYENTERPRISES.NET,LLC to charge my credit card			
(full name) account indicated below for(amount)	on or after	(date)	This payment is for	
(description of goods/services)				
Billing Address City, State, Zip				
Account Type:  Visa  Mast	erCard	,		
Cardholder Name			_	
Expiration Date  CVV2 (3 digit number on back of Visa/MC _				

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

DATE

SIGNATURE