

Credit Card Payment Form

MILLENNIUM MARKETING Consultancy LLC

Company Name: _____

Invoice Number: _____ Contact Name: _____

Telephone #: _____ Email: _____

Authorized Signature: _____

CHOOSE ONE OF THE FOLLOWING OPTIONS

- One time payment of: \$ _____ per contact.
- Recurring monthly payment of: \$ _____ to be charged per contract.
- Variable payments to be made directly to Google using this card for sponsored link program.

CREDIT CARD INFORMATION

Please Scan and Email to john@johndiethelm.com or Fax to 310-744-0013

Cardholder Name (print): _____

Cardholder Billing Address: _____

Cardholder Billing Address: _____

State _____ Zip _____ *Zip code is required)*

Card Number: _____ Expiration Date: _____

Card Security Code _____

Visa/ MC 3 Digits on back
AMEX 4 Digits on front

C
H
E
C
K
O
N
E



Visa



Mastercard



American Express

811 N. Catalina Ave.
Redondo Beach, CA 90277

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