RANK LOCAL LLC

CREDIT CARD AUTHORIZATION FORM

ranklocall.com | (833) 779-9997 | admin@ranklocall.com

1. CARDHOLDER INFORMATION

Cardholder Name (as it appears on card)

Billing Address

City / State / ZIP

Phone **Email**

2. CARD INFORMATION

Card Type: ☐ Visa ☐ Mastercard ☐ Amex ☐ Discover

Card Number

Expiration Date (MM/YY)

Do NOT write your CVV on this form. It will be requested securely if needed.

3. AUTHORIZATION TYPE

☐ One-Time Charge of $

☐ Recurring — authorize charges per invoice / signed insertion order (pay-per-call services)

☐ Prepay Top-Up — auto-replenish $ when call balance falls below $

4. AUTHORIZATION AGREEMENT

I authorize RANK LOCAL LLC to charge the credit card listed above for services rendered under the agreed insertion order, invoice, or service agreement, including pay-per-call lead generation services. I certify that I am an authorized user of this credit card and will not dispute valid charges with my card issuer, provided the charges correspond to the terms of our agreement. Billable call disputes must follow the dispute process defined in the insertion order. This authorization remains in effect until I cancel it in writing with thirty (30) days notice to admin@ranklocall.com. Cancellation does not waive payment for services already delivered.

Cardholder Signature **Date**

Printed Name **Title**

Company