



Change in Credit Card Authorization for marketing products

Visa

MasterCard

American Express

Discover

ACCOUNT NUMBER: _____

EXP. DATE: _____ CCV/SEC. CODE: _____

NAME ON CARD: _____

BILLING STREET: _____

BILLING CITY, STATE ZIP: _____

I AUTHORIZE INTEGRITY MARKETING SOLUTIONS TO CHANGE MY CREDIT CARD/BILLING INFORMATION ON FILE AND CHARGE MY ACCOUNT FOR MONTHLY SERVICE FEES. I AGREE TO PAY A \$35 CHARGE FOR DECLINED CREDIT CARD DRAFTS.

SIGNATURE: _____

DATE: _____

Submit Securely: <https://kb.IMSRocks.com>

Warm Regards,

Integrity Marketing Solutions