



Auto-Pay Form

I, _____, authorize Practice Marketing Guru, LLC to charge the credit card listed below for all fees associated with the digital marketing services agreement between Practice Marketing Guru LLC and _____.

Credit Card Number

Expiration Date

Authorized Cardholder Signature

Date

Name (As it appears on card)

3 Digit Security Code

Credit Card Billing Address

110 N American Pl
Grand Prairie, TX 75051

(936) 577-4606
billing@practicemarketing.guru