

Infusionsoft Application Activation Form

For Internal Use Only:

Order # _____

Step 1 Payment Option (required)

Enrollment, Activation & Setup

Subscription/Month

Step 2 Billing & Contact Information

Type of card: Visa MasterCard AMEX Discover

Name on Card: _____

Card Number: _____ Expiration: _____ Verification Code: _____

Company: _____ Email: _____

Billing Address: _____ Phone: _____

City/State/Zip: _____ Fax: _____

Primary Contact Name: _____ Email: _____

Step 3 Account Name

This will be visible in your shopping cart, order forms, opt-out links, and affiliate referral links (limit 12 characters)

Current New

Account name: https:// _____ .infusionsoft.com

(Example: https://YourBiz.infusionsoft.com)

Step 4 Sign below

I have read and understand the terms of the transaction and hereby authorize Infusionsoft to charge me for the above total and I agree not to dispute the charges. I further affirm that the name and personal information provided on this form are true and correct.

By signing this document, I authorize Infusionsoft to charge the credit card listed above in the amounts selected.

Signature: _____ Date: _____