



-ADA Compliance Integration-

Company Name: _____

Web Address/Domain: _____

Contact Name: _____

Email: _____

Billing Address: _____

City, State, Zip: _____

<input type="checkbox"/> ADA COMPLIANCE INTEGRATION VisionAmp ADA Compliance integration with accessibe.com is a tool that makes accessibility modifications based on a user's individual needs while using your website. We highly recommend this for all sites as protection against ADA Title III lawsuits.	\$1000 PER YEAR +\$125 one time installation fee
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<input type="checkbox"/> ADA COMPLIANCE OPT OUT I understand by opting out of the ADA compliance integration that my website is not fully ADA compliant and VisionAmp cannot be held responsible.	_____ Client or Representative Signature
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Payment Amount: \$ _____ Choose one: One Time Payment Renew/Charge Annually

(EFT)- CREDIT CARD INFORMATION American Express Discover Visa MasterCard

Name on the card: _____

Expiration Date: _____

Credit Card Number: _____

CVV #: _____

(3 on back of card) *AMEX is 4 digits on front of card

(ACH)- BANK INFORMATION

Account Name: _____

Account Number: _____

Bank Name: _____

Routing Number: _____

***I hereby authorize VisionAmp:**

* I hereby authorize VisionAmp Marketing to initiate debit entries to the account(s) indicated below via Automated Clearing House (ACH) or electronic funds transfer (EFT). I hereby authorize the financial institution(s) named below to accept and honor withdrawals by VisionAmp Marketing. I understand that VisionAmp Marketing is debiting funds from my account for payment to VisionAmp Marketi

Client or Representative

Date

VisionAmp Marketing, Inc. Representative

Date