



EYEHUB
Gold Beach, OR 97444
1-877-870-9386

FAX: 541-247-0938

Premier Pro Website Authorization Form

The Premier Website Authorization form is required to identify the primary owner of the website. It also identifies the credit card and its owner who will be responsible for the monthly hosting and the one-time setup fee of \$895.00.

Website Owner Information

Domain Name: www. _____

Color Choices for website: _____

Office Name: _____

Primary Doctor's Name: _____

Street Address: _____

City: _____ State: _____ ZIP: _____

Phone: _____ Fax: _____

Email for website updates: _____

Email to appear on your website: _____

Email for billing the \$895.00 setup fee: _____

Emergency phone # _____

Business hours: _____

Brief Directions: _____

Doctors to be listed on your website: _____

Monthly hosting: \$29.95 (This includes hosting, free online shopping, upgrades, and support)

Premium template site: \$895.00

By my signature, I have confirmed that the information is correct, and I wish for my site to be activated.

Signature of Primary Doctor _____ Date: _____

Credit Card Billing Information

Card Type (Circle One):    

Name on Card: _____

Card Number: _____ Exp. Date: _____

CVC: _____ (3 digit code on back) or (4 digit code on front of American Express)

Billing Street Address for card: _____

City: _____ State: _____ ZIP: _____

I authorize EyeHub to auto bill my credit card for the monthly hosting fee of \$29.95 and one-time setup fee of \$895.00 30 days after signing authorization.

Cardholder's Signature: _____ Date: _____