



INSURANCE PROSPECTS & INVESTMENT PROSPECTS FOR FINANCIAL ADVISORS

Credit Card Change Addendum

I hereby authorize SeniorLeads to update the credit card on file for the billing of services rendered according to the terms of the service agreement, to the following:

Card Holder Name: _____

Credit Card: _____ - _____ - _____ - _____

Exp: ____/____ 3-digit Security Code on back of card _____

Billing Address _____

City _____ State _____ Zip _____

Name on SeniorLeads account IF DIFFERENT than Card holder above:

I acknowledge that the terms and conditions put forth in the initial Service Agreement remain the same and will apply to the updated credit card information, provided above. I acknowledge that I am an authorized signer on the credit card above.

Please indicate your selection:

Please **CHANGE** the card in use on existing active account

WE WILL USE THIS NEW CARD FOR ANY OUTSTANDING BALANCE AND FOR CHARGES GOING FORWARD. IF YOUR ACCOUNT HAD BEEN SUSPENDED, WE WILL REACTIVATE YOUR ACCOUNT UNLESS YOU CHECK BELOW TO CLOSE YOUR ACCOUNT

Please **CLOSE MY ACCOUNT**

Card holder signature: _____ Date: _____

Print Name _____

Please Fax Back To: (925) 405-3837 OR Scan and email to: manager@seniorleads.com

This form is processed manually. Once processed, our system will send an automatic email to you confirming the credit card change. Please notify us if you do not receive an email confirmation in 24 hours at manager@seniorleads.com. Thank you!