



## CREDIT CARD PAYMENT AUTHORIZATION FORM

By signing this form you give us permission to debit your account for the amount discussed on or after indicated date.

### Please complete the information below:

I \_\_\_\_\_ authorize your company to charge my credit card account  
(Full Name)  
indicated for the discussed amount.

Billing Address: \_\_\_\_\_

Phone #: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:    \_\_\_ Visa    \_\_\_ MasterCard    \_\_\_ AMEX    \_\_\_ Discover

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing Zip: \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC/Disc, 4 digits on front of AMEX): \_\_\_\_\_

**SIGNATURE** \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services and for the amount discussed only, and is valid for one time use only (unless indicated otherwise). I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.