



Credit Card Payment Authorization Form

5373 State Route 29, Celina, OH 45822-9210
Ph: 419-586-3610 Fx: 419-584-0949
Toll Free: 1-866-438-8368

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 _____
(Full Name) authorize your company to charge my credit card account 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.