



Credit Card Payment Authorization Form

Please Complete The Information Below:

FULL NAME:	COMPANY NAME:
DATE:	EMAIL:
CELL:	TEL:

CARD TYPE:	<input type="checkbox"/> VISA	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMERICAN EXPRESS	<input type="checkbox"/> DISCOVER
AMOUNT:	PAYMENT DESCRIPTION:			
CARDHOLDER NAME:				
CARD NUMBER:				
EXPIRATION DATE:	CVV Code: <small>(3-digit number on back of Visa/MC, 4 digits on front of AMEX)</small>			
BILLING ADDRESS:				
CITY:	STATE:	ZIP:		

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 described above, for the amount indicated above only. 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.

By signing this form, you have given us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a transaction Only, and does not provide authorization for any additional unrelated debits or credits to your account.

Card Holder Signature

Date