

CREDIT CARD AUTHORIZATION FORM

**Please complete this document that authorizes us to use
your credit card for payment for services provided.**

ALL INFORMATION IS CONFIDENTIAL

Cardholder name: _____

Billing Address: (address, state, & zip) _____

Credit Card Type: Visa Mastercard Discover Am Express

Credit card Number: _____

Expiration Date: ____/____

Identification Number on back (3 digits): _____

Amount to charge: \$ _____ (USD)

I authorize _____ to charge the agreed amount listed above to my credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. Please sign and date below.

Signature: _____ Date : _____

Same Day Payment: yes/no Payment on Account: yes/no