



## Credit Card Payment Authorization Form

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for authorization for any additional debits or credits to your account.

**Please complete the information below:**

Billing address:

\*First name \_\_\_\_\_ \*Last Name \_\_\_\_\_

Apt. \_\_\_\_\_ \*Address \_\_\_\_\_

\*Town/City \_\_\_\_\_ \*State/Prov. \_\_\_\_\_

\*Zip/Postal Code \_\_\_\_\_ \*Country \_\_\_\_\_

Telephone / Cell (incl. area code) \_\_\_\_\_

Mailing address (if different from Billing Address)

First name \_\_\_\_\_ Last Name \_\_\_\_\_

Apt. \_\_\_\_\_ Address \_\_\_\_\_

Town/City \_\_\_\_\_ State/Prov. \_\_\_\_\_

Zip code \_\_\_\_\_ Country \_\_\_\_\_

Telephone / Cell (incl. area code) \_\_\_\_\_

Total amount to be charged: \_\_\_\_\_

Account Type: Visa      MasterCard      AMEX      Discover

Cardholder Name \_\_\_\_\_ (as appears on card)

Account Number \_\_\_\_\_

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

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

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

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.