

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.