# 

# CREDIT CARD AUTHORIZATION FORM

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| CREDIT CARDHOLDER INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | |
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| NAME ON CREDIT CARD | | | | | | |  |  | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| TYPE OF CREDIT CARD | | | | |  | VISA | | |  | MC | | |  | | AMEX | | | |  | DISCOVER | | |  | OTHER |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| CARD NUMBER | | |  |  | | | | | | | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| EXPIRATION DATE | | |  |  | | | | | | | | | | | | |  | CCV | | |  |  | | |
|  | | | | | | | | | | | | | | | | | | | | | | | | |
| BILLING ADDRESS | | |  |  | | | | | | | | | | | | | | | | | | | | |
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| EMAIL |  |  | | | | | | | | |  | PHONE | |  | |  | | | | | | | | |

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| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| AUTHORIZED USER OF CREDIT CARD | | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| NAME |  |  | | | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| COMPANY | | |  |  | | | | | | | | | | |
|  | | | | | | | | | | | | | | |
| PHONE NUMBER | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| EMAIL ADDRESS | | | | |  |  | | | | | | | | |
|  | | | | | | | | | | | | | | |
| DRIVER’S LICENSE NUMBER | | | | | | | | | | | | |  |  |
|  | | | | | | | | | | | | | | |
| RELATION TO OWNER | | | | | | | | |  | |  | | | |
|  | | | | | | | | | | | | | | |
| TYPE OF CHARGES | | | | | | |  |  | | | | | | |
|  | | | | | | | | | | | | | | |
| AUTHORIZED AMOUNT | | | | | | | | | |  | |  | | |
|  | | | | | | | | | | | | | | |
| DATE OF CHARGE | | | | | |  |  | | | | | | | |

**AUTHORIZATION OF CARD USE**

\_\_\_ - I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.

\_\_\_ - I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. I understand this is only for up to this amount during the time period of “DATES OF CHARGES” referenced above. If additional charges are going to be authorized a new form will have to be completed.

|  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- |
| CARDHOLDER NAME: | |  |  | | |
|  | | | | | |
| SIGNATURE: |  | | | DATE: |  |

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