#

# CREDIT CARD AUTHORIZATION FORM

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

|  |
| --- |
| 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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