



## CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION IN ITS ENTIRETY AND RETURN TO US.

All information will remain confidential.

**Cardholder Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AmEx

**Credit Card Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_

**Card Identification Number** (last 3 digits located on the back of the credit card): \_\_\_\_\_

\_\_\_\_ I authorize \_\_\_\_\_ to charge all bills for services rendered to me to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement. Copies of the bills and receipts for payment will be provided.

\_\_\_\_ I authorize \_\_\_\_\_ to bill my credit card for any services rendered if I do not pay for services within \_\_\_\_\_ days of receipt or if payment by check is voided or there is insufficient funds to cover the cost of services.

\_\_\_\_ I authorize \_\_\_\_\_ to charge the credit card indicated in this authorization form according to the terms outlined above. I understand that this authorization will remain in effect until the designated expiration date or until I cancel it in writing, whichever come s first, and I agree to notify the business in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. This payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Cardholder – Print Name, Sign and Date Below:

Signed: \_\_\_\_\_ Dated: \_\_\_\_\_

Print Name: \_\_\_\_\_