CREDIT CARD CHARGE AUTHORIZATION

This form authorizes (Company Who Provided Services) _____

to charge (Amount) $_____

to resolve account number (If Applicable) ____ _____ _____ _____

for (Your Company Name) _____.

(Today's Date) _____/_____/_____

TYPE OF CARD: ☐ Visa ☐ Master Card ☐ American Express

ACCOUNT #: _____ _____ _____ _____

EXPIRATION DATE: ___/__

* Please indicate the last three or four digit security code located on the back of credit card ____

_____

Cardholder's Signature

_____

Cardholder's Name Print

_____

Cardholder's Billing Address City State Zip

_____

Phone Number Fax Number