

Card authorization form

I, _____, give permission to _____ to charge
Buyer nameBusiness name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

_____ Amount authorized

_____ Cardholder email

_____ Product/service

All fields required

Card information

Card type

- MasterCard
- Discover
- VISA
- AMEX

_____ Other

_____ Cardholder (Name on card)

_____ Card number

_____ Expiration date
(MM/YYYY)

_____ ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Charge on this date _____
(For example, the 1st of every month)

_____ Payment amount

_____ Product/service sold

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

To cancel, contact: _____
(Name and email)

_____ Customer signature

_____ Date