



**CREDIT CARD AUTHORIZATION FORM**

**Date:** \_\_\_\_\_ **Company Name:** \_\_\_\_\_

**Name as it appears on Credit Card:** \_\_\_\_\_

**Type of Card:**    **Visa**     **MC**     **Amex**     **Discover**   
                                 **Other**

**Card/Account Number:** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ **CVV#:** \_\_\_\_\_

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

**City, State, Zip:** \_\_\_\_\_

**Phone Number:** \_\_\_\_\_

**Select One:**

- One-time charge only\*
- Authorize \_\_\_\_\_ to keep on file for future approved payments\*\*
- Authorize \_\_\_\_\_ to keep on file and charge all future invoices\*\*\*

**Signed:** \_\_\_\_\_ **Date:** \_\_\_\_\_

\*Invoice# \_\_\_\_\_ Authorized Amount : \_\_\_\_\_

\*\*By accepting these terms, you authorize \_\_\_\_\_ to charge the credit card indicated above to be charged automatically for future orders placed by you or an authorized representative.

\*\*\*By accepting these terms, you authorize \_\_\_\_\_ to charge the credit card indicated above to be charged automatically for the current and future orders placed by you or an authorized representative.

Authorized Representative/s: \_\_\_\_\_