

Payment Authorization Form

Sign and complete this form to authorize _____ to make a one-time charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

I _____ authorize _____ to charge my
(Full Name) (Merchant's Name)

credit card account indicated below for \$ _____ on _____
(Amount \$) (Date)

This payment is for _____
(Description of Goods/Services)

Contact Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Shipping Address _____ Phone # _____

City, State, Zip _____ Email _____

Payment Details

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

Other type: _____

I authorize the above named business to charge the payment type indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(cardholder)

DATE _____

