



### Credit Card Payment Authorization Form

By signing this form you authorize Best of Times, LLC to debit your account for the amount indicated on or after the indicated date. This does not provide authorization for any additional unrelated debits or credits to your account.

**Please submit this form via fax 888-499-6737 or email to: KIM@BESTOFTIMESUSA.COM**

*Please complete the information below.*

I \_\_\_\_\_ authorize Best of Times, LLC to charge  
(full name)

my credit card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_.  
(amount) (date)

This payment is for \_\_\_\_\_  
(description of goods/services)

Bill to Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

Phone# \_\_\_\_\_  
Email \_\_\_\_\_

Ship to Residence       Ship to Business      Firm In-Hands Date \_\_\_\_\_

Ship to Address \_\_\_\_\_  
City, State, Zip \_\_\_\_\_

OR  I confirm my shipping address is  
the same as my billing address.

Account Type:     Visa       MasterCard       AMEX       Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

*I authorize the above named business to charge the credit card 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 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.*