

# Credit Card Authorization Form

**(fill out, print, and sign the form)**

Please complete and sign this authorization form. All fields are required. Your credit card will be billed automatically for the amount indicated and charges will state **COMPANY NAME** on your statement. You may cancel this automatic billing authorization with 30-days’ notice by contacting us in writing.

|  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Customer Information | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Customer Name | | | | |  | | Telephone Number (include area code) | | | | | |
|  | | | | |  | |  | | | | | |
|  | | | | | | | | | | | | |
| Payment Information | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| I authorize COMPANY NAME to charge the card listed below as follows: | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Amount: |  | | | Frequency | | Monthly | | | Quarterly | | | Annually |
|  | | | | | | | | | | | | |
| Start billing on: | |  | | | | or | | □ immediately | | | | |
|  | | | | | | | | | | | | |
| Credit Card Information | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Credit Card Type | | | \_\_ Visa \_\_ MasterCard \_\_ Amex \_\_ Discover \_\_Other | | | | | | | | CVV # |  |
|  | | | | | | | | | | | | |
| Credit Card Number | | | | |  | | Expiry Date | | | | | |
|  | | | | |  | |  | | | | | |
|  | | | | | | | | | | | | |
| Cardholder’s Name (as shown on credit card) | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
|  | | | | | | | | | | | | |
| Billing Address | | | | | | | | | |  | State | |
|  | | | | | | | | | |  |  | |
|  | | | | | | | | | |  | Zip Code | |
|  | | | | | | | | | |  |  | |
|  | | | | | | | | | | | | |
| Cardholder’s Signature | | | | | | | | | |  | Date | |
|  | | | | | | | | | |  |  | |

Fax this agreement to 123-123-4567