

Credit Card Authorization form

|  |  |  |  |
| --- | --- | --- | --- |
| Date: |  | Company Name: |  |
|  |
| Name as it appears on Credit Card: |  |
|  |
| Street Address: |  |
|  |
| City: |  | State/Province: |  | Zip: |  |
|  |
| Country: |  | Email: |  | Phone: |  |
|  |
| Credit Card Type: | VISA | MasterCard | American Express | Discover |
|  |
| Credit Card Number: |  |
|  |
| Exp. Date: |  | CVV #: |  | Invoice/Product/Service order #: |  |
|  |
| Invoice/ Product/ Service order #: |  | Authorized Amount: |  |
| Select One: |
|  |
|  | One-time charge only |
|  | Authorize COMPANY NAME to keep on file for future approved payments\* |
|  | Authorize COMPANY NAME to keep on file and charge all future invoices \*\* |
|  |
| Signature: |  |
|  |
| **Please return the completed and signed form via fax (123) 456-7899 or e-mail info@site.com**Terms and Conditions: \*By accepting these terms, you authorize COMPANY NAME to charge the credit card indicated above to be charged automatically for future orders placed by you. \*\*By accepting these terms, you authorize COMPANY NAME to charge the credit card indicated above to be charged automatically for the current and future orders placed by you. The credit card may also be retained for ongoing recurring payments which have been previously approved by you for the length of the recurring payment schedule (e.g. monthly or yearly subscriptions).  |