

CREDIT CARD AUTHORIZATION FORM

In order to process your purchase with our company on Visa, MasterCard, Discover, or American Express card(s), we require the following information:

Cardholder Name: _____

Primary Contact Number: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Shipping Address (if different): _____

City: _____ State: _____ Zip Code: _____

Credit Card Type: Visa MasterCard Discover AMEX

Credit Card Number: _____

Expiration Date: ____/____ Security Code (CVV): _____

Authorized Amount: _____

Description of goods/services rendered: _____

Disclaimer:

I hereby authorize _____
to charge the cost of product and/or service to my credit card indicated in this authorization form. This payment is for goods/services described above. 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 on this form. By signing the document, I am accepting all the responsibility for these transactions to ensure full payment to the merchant. I will inform you immediately if use of this card is no longer valid.

Cardholder Signature: _____ **Date:** _____

Your completion of this form helps us to protect you, our valued customer.