**Credit Card Authorization Form**

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Business Name: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Business Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP Code: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Cardholder Information

Cardholder Name (as it appears on the card):
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Billing Address:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, ZIP Code:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Phone Number: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Email Address: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Credit Card Information

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: \_\_\_\_ \_\_\_\_ \_\_\_\_ \_\_\_\_

Expiration Date (MM/YY): \_\_\_\_\_\_ / \_\_\_\_\_\_

CVV Code (3 or 4 digits): \_\_\_\_\_\_

## Authorization Type

☐ One-Time Charge
☐ Recurring Charges (please specify frequency and duration below)

Description of Goods/Services:
\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Amount to be Charged: $\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Frequency (for recurring charges): ☐ Weekly ☐ Monthly ☐ Quarterly ☐ Annually

Start Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ End Date (if applicable): \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## Authorization and Agreement

I, the undersigned, authorize [Business Name] to charge the credit card indicated above for the amount(s) specified in this form. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company, provided the transactions correspond to the terms indicated in this authorization.

I understand that this authorization will remain in effect until the end date listed above (if recurring), or until I cancel it in writing.

Cardholder Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

## For Business Use Only

Processed By: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

Date Processed: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_