

CREDIT CARD AUTHORIZATION FORM

Visa MasterCard

Cardholder Name: _____

Credit Card Number: _____

Amount: _____

Expiration Date: _____

Billing Address: _____

(Address where monthly credit card statements are received)

Phone Number: _____

(Associated with credit card)

Brief description of the goods or services provided: _____

Being the cardholder or Corporate Officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize to charge my credit card, for the services provided. I further agree that in the event my credit card becomes invalid, I will provide a new valid credit card upon request, to be charged for the payment of any outstanding balances owed. I furthermore confirm that I have received all services and goods to satisfactory conditions.

Signature: _____

Printed Name: _____

Date: _____

Please Imprint Card

(Place your card under the paper and using a pencil shade in the area to imprint)

Please Imprint Card Here (Photocopy not acceptable)



	EXPIRATION	QUAN.	CLASS	DESCRIPTION	PRICE	AMOUNT
	<input checked="" type="checkbox"/> DATE					
	CHECKED					
	DATE	AUTHORIZATION			SUB	TOTAL
	REFERENCE NO.	REG./DEPT.			TAX	
	FOLIO/CHECK NO.	SERVER	CLERK	TIPS	MISC.	
SALES SLIP					TOTAL	

MERCHANT COPY

PURCHASER SIGN HERE

X

Cardholder acknowledges receipt of goods and/or services in the amount of the Total shown hereon and agrees to perform the obligations set forth in the Cardholder's agreement with the issuer.

MERCHANT COPY