



CREDIT CARD AUTHORIZATION FORM

CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
CARD NUMBER					
EXPIRATION DATE			CCV		
BILLING ADDRESS					
EMAIL		PHONE			

AUTHORIZED USER OF CREDIT CARD

NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
RELATION TO OWNER					
TYPE OF CHARGES	AUTHORIZED INVOICE PAYMENTS				
AUTHORIZED AMOUNT					

AUTHORIZATION OF CARD USE

___ - I certify that I am the authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate.

___ - I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME: _____

SIGNATURE: _____ DATE: _____