

CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_ hereby authorize the use of my credit card as the method of payment to cover any charges as stated below:

- ✓ When I give verbal authorization for charges at time of checkout.
- ✓ If there is a remaining balance on my account that has past 30 days from the date of invoice.

*Credit Card:*

*Visa*       *MasterCard*       *Discover*

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Name of Cardholder

\_\_\_\_\_  
E-mail Address

\_\_\_\_\_  
Cardholder's Business Phone

\_\_\_\_\_  
Home Phone

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

**Please Note: This Authorization Form is not valid without a photocopy of the front and back of your credit card.**