

**CREDIT CARD AUTHORIZATION FORM**

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| --- |
| **This information is confidential.**  **Please complete and fax to 123.123.4567 or email to info@site.com** |

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
| CUSTOMER NAME: |  | | | | | | |
| PHONE NUMBER: |  | | | | |  | |
| CUSTOMER ID: |  | | | | |  | |
| NAME AS APPEARS ON CREDIT CARD: | | |  | | | | |
| CARD TYPE (choose one): | | □ VISA | | □ MasterCard | | | □ American Express |
| CREDIT CARD NUMBER: | |  | | | | | |
| EXPIRATION DATE: | |  | | | (month /year) | | |
| CARD SECURITY CODE (CSC / CVV): | | |  | |  | | |

CHECK ONE OR BOTH IF APPLICABLE:

□ MONTHLY RECURRING

□ ONE-TIME CHARGE AMOUNT: US $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Card Holder’s Signature: |  | Date: |  |



For Office Use Only

|  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- |
|  |  | | | | | |  |
| Customer Account Number: | | |  | | |
| Order Processed By: | |  | | Salesperson: |  |
| Comments: |  | | | | |
|  |  | | | | |
|  | | | | | |