

# Credit Card Authorization Form

**(fill out, print, and sign the form)**

Please complete and sign this authorization form. All fields are required. Your credit card will be billed automatically for the amount indicated and charges will state **COMPANY NAME** on your statement. You may cancel this automatic billing authorization with 30-days’ notice by contacting us in writing.

|  |
| --- |
| Customer Information |
|  |
| Customer Name |  | Telephone Number (include area code) |
|  |  |  |
|  |
| Payment Information |
|  |
| I authorize COMPANY NAME to charge the card listed below as follows: |
|  |
| Amount: |  | Frequency |  Monthly |  Quarterly |  Annually |
|  |
| Start billing on: |  | or | □ immediately |
|  |
| Credit Card Information |
|  |
| Credit Card Type | \_\_ Visa \_\_ MasterCard \_\_ Amex \_\_ Discover \_\_Other | CVV # |  |
|  |
| Credit Card Number |  | Expiry Date |
|  |  |  |
|  |
| Cardholder’s Name (as shown on credit card) |
|  |
|  |
| Billing Address  |  | State |
|  |  |  |
|  |  | Zip Code |
|  |  |  |
|  |
| Cardholder’s Signature |  | Date |
|  |  |  |

Fax this agreement to 123-123-4567