

Credit Card Payment Authorization

Sign and complete this form to authorize _____ to make a charge to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date.

I _____ authorize _____ to charge my
(Cardholder's Full Name) (Merchant's Name)

credit card account indicated below for \$ _____ on _____.
(Amount \$) (Date)

This payment is for _____.
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date ____ / ____

CVV _____

Zip Code _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE _____
(Cardholder)

DATE _____