



CREDIT CARD AUTHORIZATION FORM

Customer / Client Name(s):	
Invoice #	
Amount Authorized to Charge: \$	
Cardholder (print name)	
Billing Address	
City	State Zip Country
Phone	
Card #	
Expiration Date	
Security Code #	
Type of Card	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> American Express <input type="checkbox"/> Discover
<p>_____ I have read and understood all terms and conditions including the terms of cancellation policies . My payment and signature below constitute acceptance of those terms.</p>	
Cardholder's Signature _____ Date: _____	