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|  |  | | | | | EMPLOYEE CREDIT CARD AUTHORIZATION FORM | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | EMPLOYEE AND COMPANY INFORMATION | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  | JOHN DOE | | | | | | | | |  | |  | | COMPANY NAME | | | | | | | | | | | | | | | | | |  | |
|  | Name | | | | | | | | |  | |  | | Company | | | | | | | | | | | | | | | | | |  | |
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|  | #50505050 | | | | | | | | |  | |  | | 200 COMPANY BAY, ORLANDO, 18555 NY | | | | | | | | | | | | | | | | | |  | |
|  | Personal Number (Company ID) | | | | | | | | |  | |  | | Address | | | | | | | | | | | | | | | | | |  | |
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|  | TRAVEL AGENT | | | | | | | | |  | |  | | ANNA SMITH | | | | | | | | | | | | | | | | | |  | |
|  | Business Role | | | | | | | | |  | |  | | Person Responsible Name | | | | | | | | | | | | | | | | | |  | |
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|  | SALES | | | | | | | | |  | |  | | CEO | | | | | | | | | | | | | | | | | |  | |
|  | Team | | | | | | | | |  | |  | | Person Responsible Business Role | | | | | | | | | | | | | | | | | |  | |
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|  | CREDIT CARD TO BE CHARGED FOR PAYMENT | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | MasterCard | |  |  |  | VISA |  |  | |  | | American Express | | | | | | | |  | |  | | Other (write here) | | | | | | | |  | |
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|  | Account Number | | | |  | 25560000-00000-52544 | | | | | | | |  | | Expiry Date | | | | | | 03/2027 | | | | | | | | | |  | |
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|  | Cardholder (Organization) | | | | | Company Name | | | | | | | |  | | CVV Code | | | | | | 0055 | | | | | | | | | |  | |
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|  | Billing Address | | | | | 255 Company Avenue, Orlando, 18555 OR | | | | | | | | | | | | | | | | | | | | | | | | | |  | |
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|  |  | The Company that is owner of the credit card above with the credit card number above, understands and agrees to be personally liable for all charges incurred by the employee named above that fall into one of the following categories:  • Business-Related Travel, • Meals,  • Hotels, • Car Rentals • Lorem Ipsum  This is authorized by COMPANY NAME responsible person named above. | | | | | | | | | | | | | | | | | | | | | | | | | | | |  | |  | |
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|  | *AUTHORIZED PERSON SIGNATURE* | | | | | | | | | | |  | |  | |  | |  | | *DATE* | | | | | | | | | | | |  | |
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|  | ITEMS TO BE DELIVERED | | | | |  |  |  |  | |  | |  | |  | | | | | | | | | | | | | | | | | |  | |
|  | We will need any document that can clearly state that the person using the card is an employee of your company as well as a clear copy or photograph of the credit card indicated above (Front & Back). You can email this completed authorization form, copy of ID and copy of credit card. | | | | | | | | | | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |  | |
|  |  | | SERVICE PROVIDER NAME | | | | | | | | | | | | | | | | | |  | |
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|  | IMPORTANT NOTES | | | |  |  |  |  |  | |  | |  | | 151 Servicing Avenue | | | | | | | | | | | | | | | | | |  | |
|  | The employee indicated above received the corporate credit card indicated above and takes responsibility for all expenses charged to credit card indicated above.  The employee is committed not to charge any personal expenses to the corporate credit card. All receipts for charges to the corporate credit card must be submitted to the finance office. | | | | | | | | | | |  | | Philadelphia, 20100 PH | | | | | | | | | | | | | | | | | |  | |
|  |  | | (555) 100-0000-0000 | | | | | | | | | | | | | | | | | |  | |
|  |  | | info@serviceprovidername.com | | | | | | | | | | | | | | | | | |  | |
|  |  |  |  |  |  |  |  |  |  | |  | |  | |  | |  | |  | |  | |  | | [© TemplateLab.com](https://templatelab.com/) | | | | | | | |  | |