

# 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

Or mail to: **COMPANY NAME -** 123Park Avenue, Michigan 69789 MI

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