**CREDIT CARD AUTHORIZATION FORM**

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| **CREDIT CARD DETAILS** |
| **Card Type**:  Visa  MasterCard  American Express  Discover  [OTHER] |
| **Cardholder Name** (as shown on card): [FULL NAME] |
| **Credit Card Number**: [XXXX-XXXX-XXXX-XXXX] CVV (Sec. Code): [XXX] |
| **Expiration Date**: [MM/YYYY] |
| **Billing Zip Code**: [ZIP CODE] |
| **CONSENT**  I, the undersigned cardholder, authorize the merchant known as [MERCHANT'S NAME] to charge my credit card for purchases related to goods and services. I agree that my information may be saved by the merchant for future payments and understand that this can be revoked at any time with request.  Cardholder’s Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ |