

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD DETAILS

Card Type: Visa MasterCard American Express Discover _____

Cardholder Name (as shown on card): _____

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

CONSENT

I, the undersigned cardholder, authorize the merchant known as _____ 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: _____