

## CREDIT CARD AUTHORIZATION FORM

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Email Address: \_\_\_\_\_

**Cardholder Phone Number:** \_\_\_\_\_

Credit Card Type: \_\_\_\_ VISA \_\_\_\_ MASTERCARD \_\_\_\_ DISCOVER \_\_\_\_ AMEX

**Credit Card Number (partial): First (6) digits** \_\_\_\_\_ **- XXXXXX - Last (4)** \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Billing Zip Code: \_\_\_\_\_

Card Identification Number (last 3 digits located on the back of the credit card): \_\_\_\_\_

*For AMEX, the 4-digit CVV (card identification number) is located on the front of the card*

Amount Charged: \$ \_\_\_\_\_ (USD)

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order. I understand these charges will appear on my credit card statement under the **business name:** \_\_\_\_\_ and I accept full financial responsibility for payment of this order.

I agree payments are non-refundable and services / merchandise on the attached invoice have been rendered / delivered to my satisfaction.

**Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.**

Signature of Cardholder: X \_\_\_\_\_

Date signed: \_\_\_\_\_

[Place Credit Card Here] <b>BLACK OUT</b> all but the first 6 and last 4 digits*	[Place Card holder's ID Here]