



Credit Card Authorization Form

I, _____, hereby authorize _____ to charge my credit card as detailed below for payment of goods/services rendered

Cardholder Information

Name on Card

Billing Address

Phone Number

Email

Payment Details

Invoice Number/Description

Amount

Date

Payment Details

Card Type

Visa

Mastercard

AmEx

Other

Card Number

Expired Date

CVV

Authorization and Signature

By signing below, I authorize the above-named business to charge the credit card listed above for the stated amount. I confirm that I am the authorized user of this card and will not dispute the payment.

A 4% fee will apply for all credit card payments.

Signature

Date