

CREDIT CARD AUTHORIZATION FORM

Date: _____

Customer Information

Full Name: _____

Billing Address: _____

City: _____

State: _____

ZIP Code: _____

Phone Number: _____

Email Address: _____

Credit Card Information

Credit Card Type: _____

☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Cardholder's Name: _____

Credit Card Number: _____

Expiration Date (MM/YY): _____

CVV (3-Digit Code): _____

Authorization Details

I, the undersigned, authorize _____ to charge my credit card for the following:

Total Amount to be charged: \$_____

Date(s) of transaction: _____

Description of goods/services: _____

By signing below, I confirm that I am the authorized cardholder of the credit card provided above, and I authorize _____ to charge my credit card for the amount described above. I understand that this authorization will remain in effect until the transaction is processed.

Signature of Cardholder: _____

Date: _____