

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Item(s) Purchased _____

Amount to be Charged _____

* 3% processing fee will be added.

By signing this form, you authorize _____

to charge your card for the amount listed above.

Signed: _____ Date: _____

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