

CREDIT CARD AUTHORIZATION FORM

JOB INFORMATION	
INVOICE / ESTIMATE #	
TYPE OF ACCOUNT	<input type="checkbox"/> PERSONAL <input type="checkbox"/> BUSINESS
BUSINESS NAME	

CREDIT CARD INFORMATION			
CREDIT CARD TYPE	<input type="checkbox"/> MASTER CARD <input type="checkbox"/> VISA <input type="checkbox"/> DISCOVER <input type="checkbox"/> AMERICAN EXPRESS		
CREDIT CARD NUMBER		EXPIRATION DATE	
NAME ON CREDIT CARD		SECURITY CODE	
BILLING ADDRESS			
CITY		STATE	ZIP CODE

AUTHORIZED USER OF CREDIT CARD	
NAME	
COMPANY (OPTIONAL)	
PHONE NUMBER	
E-MAIL	
AUTHORIZED AMOUNT	
DATES OF CHARGES	

AUTHORIZATION I certify that I am authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

PRINT NAME

SIGNATURE(S)

DATE