Credit Card Payment Authorization Form

This is my authorization to pay the following:

(Please list invoice number(s) and amounts or other reference information to identify items for which you are authorizing payment).

_____

_____

_____

Credit Card Information:

_____Visa _____Master Card _____Discover_____ Amex

Account Number: _____

Expiration Date: _____

Cardholder's Name: (please print) _____

_____

Cardholder's Signature _____

Date: _____

Additional information <u>REQUIRED</u> since this is a "card not present" transaction.

Credit card billing information: (This info pertains to the address the credit card bill is sent to.)

Street Address: _____

Zip Code: _____

V-code: _____ (On the back side of the card, in the signature block, there are some numbers. The “last three digits” are the v-code.