

## 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 \_\_\_\_\_

**By signing this form, you authorize \_\_\_\_\_  
to charge your card for the amount listed above.**

Signed: \_\_\_\_\_

Date: \_\_\_\_\_