



Date:

## CUSTOMER CREDIT CARD AUTHORIZATION FORM

**THIS INFORMATION IS STRICTLY CONFIDENTIAL**

Customer Name:
Phone Number:
Customer ID:
Federal EIN:
Tax Exempt No.:

*Please attach a copy of your Tax Exempt Certificate when submitting this form.*

**CREDIT CARD INFORMATION**

Name As It Appears On Credit Card:
Card Type (Choose One): <input type="checkbox"/> VISA <input type="checkbox"/> MASTERCARD <input type="checkbox"/> AMERICAN EXPRESS
Credit Card Number:
Expiration Date: <i>Month / Year</i> CID/CVV Code:
Street Number: <i>Where the Credit Card Bill Is Received</i> Zip Code: <i>Where the Credit Card Bill Is Received</i>
Billing Frequency (Choose One): <input type="checkbox"/> MONTHLY RECURRING ON BILLED CHARGES <input type="checkbox"/> ONE-TIME CHARGE AMOUNT \$ _____ (USD)
Email Address (Required):

**AUTHORIZATION**

Signature:
Date: