

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization any time by contacting us. This authorization will remain in effect until cancelled.

### Credit Card Information

Card Type:    MasterCard                  VISA                  Discover                  AMEX

Other \_\_\_\_\_

Cardholder Name (as shown on card):

\_\_\_\_\_

Card Number:

Expiration Date (mm/yy):

\_\_\_\_\_

Cardholder Postal Code (from credit card billing address):

\_\_\_\_\_

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_

Customer Signature

Date

\* Transaction Fee: Please note, on transactions over \$1000, a 3.5% transaction fee will be applied.