



## CREDIT CARD PAYMENT AUTHORIZATION FORM

Client Name: \_\_\_\_\_

Client Number: \_\_\_\_\_

Invoice(s) # \_\_\_\_\_

Dated: \_\_\_\_\_

In the amount of: \_\_\_\_\_

I authorize the charge to my credit card (details below) for payment of the above-noted invoice(s):

Mastercard  Visa  Expiry Date: \_\_\_\_\_  C.V.V. number \_\_\_\_\_

--	--	--	--

--	--	--	--

--	--	--	--

--	--	--	--

Card Number

Name of Cardholder: \_\_\_\_\_

Address linked to credit card: \_\_\_\_\_

Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_

Signature: \_\_\_\_\_

Please send receipt via: Mail  Email  Email Address: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_