

## Credit Card Authorization Form

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

| Credit Card Information                                 |                                      |  |   |
|---|--------------------------------------|--|---|
| Card Type:  | <input type="checkbox"/> MasterCard  | <input checked="" type="checkbox"/> VISA | <input type="checkbox"/> Discover <input type="checkbox"/> AMEX |
|   | <input type="checkbox"/> Other _____ |  |   |
| Cardholder Name (as shown on card):                     | Elara Thornfield                     |  |   |
| Card Number:  | 1234 5678 9876 5432                  |  |   |
| Expiration Date (mm/yy):                                | 12/25                                |  |   |
| Cardholder ZIP Code (from credit card billing address): | 12345                                |  |   |

I, Elara Thornfield, authorize Appian 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.

|                         |                   |
|-------------------------|-------------------|
| <u>Elara Thornfield</u> | <u>04/19/2023</u> |
| Customer Signature      | Date              |