



Merchant Credit Card Authorization

I _____ Owner/Officer

of _____ authorize

Electronic Payment Systems to charge the card information provided below
the amount of \$ _____

Card Number _____ Exp ____/____ CVV _____

Billing Information:

Cardholder name: _____

Billing address: _____

Cardholders Signature **X** _____

Contact Phone number _____

Merchant ID # _____