



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Company Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Email Address:		

SHIPPING INFORMATION

Contact Name:		
Shipping Street Address:		
City:	State:	Zip:

PURCHASE INFORMATION

ITEM	COST
Processing Software/Terminal Equipment: _____	\$ _____
Application Fee*	\$ _____
TOTAL CHARGE AMOUNT:** \$ _____	

PAYMENT AUTHORIZATION

CARD TYPE: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

CARD NUMBER: _____ EXP. DATE: ____/____/____

CARD IDENTIFICATION NUMBER: _____

Please reference the pictures to the right for the location of this number on your credit card.



(Visa & MasterCard: 3 digits on back)



(American Express: 4 digits on front)

* I understand that the Application Fee is non-refundable unless I am declined for the merchant bankcard processing service. In addition, I agree to provide any additional information required in order to obtain bank approval.

** I authorize the credit card listed above to be charged the total charge amount displayed.

PRINT NAME

SIGNATURE

____/____/____
DATE