

Credit Card Authorization Form

(Single Transaction Only)

I, _____ hereby authorize _____ to charge the amount
(DBA Name)
of US\$ _____ on credit card# _____ with the expiration date
of ____ / ____ .

By signing this form, I agree with all terms and conditions of the sale/order which I have made over the phone, by fax or via the internet. I understand that this information will be used for purposes of verification with the credit card issuer/processors to prevent fraudulent usage. And also as the credit card holder, I hereby authorize receipt of merchandise at the shipping address below and agree that I will not initiate dispute under No Cardholder Authorization on this charge in the future.

You must attach a legible copy of both sides of the credit card (front and back) and a legible copy of your Driver's License (or other valid photo ID)

Other Credit Card Information

Credit Card Issuer Name:* _____ CVC2 Security Code: _____

Bank Contact Phone#: _____ Any Special Program: _____

Company Name (if business card): _____

*For Visa, MasterCard and Discover, it is three digits located in the back of the card

*For American Express, it is four digits located in the corner of the card on the front

Credit Card Billing Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

Requested Shipping Address

Street: _____

City: _____

State: _____ Zip Code: _____

Telephone: _____

***I have read and understood the above statements. I also acknowledge the fact that I have received the merchandise/service in good condition in accordance with this transaction.**

Printed Name: _____

Signature: _____

Date: ____ / ____ / ____

CVV code cannot be stored after initial transaction, prohibited by PCI DDS standards.

