

CREDIT CARD AUTHORIZATION FORM

■ JOB INFORMATION

Invoice / Estimate #

■ CREDIT CARD INFORMATION

Credit card number

Expiration date

Name on credit card

Security code

Billing address

City

State

ZIP Code

■ AUTHORIZED USER OF CREDIT CARD

Name of authorized user

Company

Phone

Email

Authorized amount

A credit card fee of 3% will be added to the authorized amount.

AUTHORIZATION I certify that I am authorized holder and signer of the credit card referenced above. I certify that all information above is complete and accurate. I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

PRINT NAME

SIGNATURE(S)

DATE