



CREDIT CARD PAYMENT AUTHORIZATION

CARD-NOT-PRESENT TRANSACTIONS

PLEASE PRINT CLEARLY – ALL INFORMATION IS REQUIRED TO PROCESS PAYMENT

Date _____

Attention _____ Job Address _____

Cardholder Name _____

Circle the type of card to be charged Visa MasterCard

Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____

3-Digit Security Code _____ (CVC located on back of card)

Cardholder Billing Address _____ (number and street name)

Cardholder Billing Zip Code _____

Authorized Charge Amount \$ _____

Card Holder Signature _____

Daytime Phone _____ - _____ - _____

Office Use Only - Payment Processed by _____

If customer requests that copy of credit card payment receipt be provided, print and send "Customer Copy" only. Do not provide a copy of this form.

Attach original receipt below and place in document drawer. No copy of this form is to be made.

Attach Original Receipt Here