



Credit Card Payment Pre-Approval Form

Client Information

Company Name _____

Account # _____

Card Holder Information

Name (as it appears on card) _____

Credit Card Billing Address _____

Phone # _____ Fax # _____

Email address _____

Credit Card Information

Type (Visa, M/C, Amex, etc.) _____

Card Number _____

Security Code _____

Expiration (month) _____ (year) _____

Card Payment Method – Please Check Appropriate Box

- ☐ A. Card on File, Automatically charge open invoice(s)
- ☐ B. Card on File, Charge open invoice(s) per approval
- ☐ C. One Time Only, Invoice # _____ , Amount \$ _____

I here by authorize the above named company to process payment on invoice(s), by the payment method selected above, relating to services provided to the above named client on this designated credit card.

Cardholder Signature _____

Date _____

Email to: CanteenMiamiFinance@compass-usa.com
or fax to (305) 624-1747 Attn: AR Department