

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____
Billing Address: _____
City: _____ State: _____
Zip Code: _____

Credit Card Information:

Card Type (Visa, MasterCard, AMEX, etc.): _____
Card Number: _____
Expiration Date (MM/YY): _____ CVV: _____

Authorization Details:

I, the undersigned, hereby authorize _____ (Merchant) to charge my credit card for the amount authorized below. I certify that I am the authorized holder and signer of the credit card referenced above. I agree that no prior authorization is required for the charges made by the Merchant. This authorization is valid until revoked in writing by me. I understand that this authorization is for the agreed amount and that I am responsible for any additional charges unless otherwise agreed upon in writing.

Authorized Charge Amount (USD): _____

Signature of Cardholder: _____

Printed Name of Cardholder: _____

Date: _____

Terms and Conditions:

1. Cardholder represents and warrants that the information provided is true and accurate.
2. Cardholder agrees to pay for all charges authorized herein.
3. Merchant agrees to keep all credit card information confidential and secure.
4. This authorization shall remain in effect until revoked in writing.
5. Cardholder understands that revocation of this authorization does not affect charges already made.
6. Cardholder acknowledges receipt of a copy of this form.
7. This form and its terms are governed by the laws of the United States of America.
8. Any disputes arising from this authorization shall be resolved in the appropriate federal or state courts.

CARDHOLDER SIGNATURE

MERCHANT REPRESENTATIVE SIGNATURE

Signature: _____

Signature: _____

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