

CREDIT CARD AUTHORIZATION FORM

Please Complete All Required Information

Cardholder Name: _____

Billing Address: _____

Email Address: _____

Cardholder Phone Number: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number (partial): First (6) digits _____ - XXXXXX - Last (4) _____

Expiration Date: ____ / ____ Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

For AMEX, the 4 digit CVV (card identification number) is located on the front of the card

Amount Charged: \$ _____ (USD)

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order. I understand these charges will appear on my credit card statement under the **school or organization name:** _____ and I accept full financial responsibility for payment of this order.

I agree payments are non-refundable and services / merchandise on the attached invoice have been rendered / delivered to my satisfaction.

Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.



Signature of Cardholder: X _____

Date signed: _____

[Place Credit Card Here]

BLACK OUT all but the first 6 and last 4 digits

[Place Card Holder's ID Here]