



## Credit Card Payment Authorization

This is my authorization to pay the following: (Please list invoice number(s) and amounts or other reference information to identify items for which you are authorizing payment).

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Credit Card Information:

\_\_\_\_\_ Visa      \_\_\_\_\_ Master Card      \_\_\_\_\_ Discover \_\_\_\_\_ Amex

Account Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Cardholder's Name: (please print) \_\_\_\_\_

\_\_\_\_\_

Cardholder's Signature \_\_\_\_\_

Date: \_\_\_\_\_

**Additional information REQUIRED since this is a "card not present" transaction.**

Credit card billing information: (This info pertains to the address the credit card bill is sent to.)

Street Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

\_\_\_\_\_