

\_\_\_\_\_, Known as ("VENDOR")

# Authorization to Charge

Required for transactions over \$100 and recurring billing to a credit card

I, \_\_\_\_\_, hereby authorize VENDOR. to charge the credit card listed below for products I/we purchase and/or services rendered to me/us. I understand that any amounts due VENDOR. will become immediately payable if at anytime my credit card is declined and that service may be discontinued, and my account turned over for collection, if payment is not received in a timely manner.

This authorization will extend until (a) I/we send written notice to VENDOR. amending or rescinding this authorization, (b) the credit card provided below expires or (c) we cease our relationship with VENDOR.

This authorization is for a single transaction only. (Description: \_\_\_\_\_ )

I agree to repay the credit card issuer as per the terms of my cardholder agreement.

## ACCOUNT INFORMATION

Account Number/Domain Name (if known)

Contact Person

Organization ("self" if an individual)

Address

Address (continued)

City State ZIP/Postal Code

Country

Telephone

Fax

E-mail Address

## BILLING INFORMATION

Name on Card

Billing Address

City State ZIP/Postal Code

Country

Telephone

Fax

E-mail Address

American Express  Discover/Novus  MasterCard  VISA

Type of Card

Card Number

Exp. Date

Cardholder's Signature

Date

CV2 \_\_\_\_\_

**Please fax or mail completed form to  
the number or address listed above.**