



## Credit Card Authorization Form

### American Express / Visa / MasterCard

Name of Company: \_\_\_\_\_

Contact Name: \_\_\_\_\_

Credit Card #: \_\_\_\_\_

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

Cardholder Name: \_\_\_\_\_

Phone#: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Please send a confirmation    Yes    No    (circle one)

#### Complete Billing Address:

(where the credit card statement is sent) \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Please attach an excel spreadsheet with the PRO numbers and amounts to be paid if there are more than 20. You can list the PRO numbers and amounts below if there are less than 20.

**Invoice #:** \_\_\_\_\_                      **Amount:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_                      **Amount:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_                      **Amount:** \_\_\_\_\_

**Invoice #:** \_\_\_\_\_                      **Amount:** \_\_\_\_\_

Total amount authorized for this charge \$ \_\_\_\_\_

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date