

Card authorization form

I, _____, give permission to _____ EWTECHNERD LLC _____
to charge **Buyer name** **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

_____ BUSINESS /CONSULTANTING COACHING
Amount authorized **Cardholder email** **Product/service**

All fields required

Card information

Card type

MasterCard

Discover

VISA

AMEX

Other

_____ **Cardholder** (Name on card)

_____ **Card number**

_____ **Expiration date** (MM/YYYY)

_____ **ZIP code** (From credit card billing address)

Recurring payments information

Charge every:
Week Month Quarter Other _____

Charge on this date _____
(For example, the 1st of every month)

_____ **Payment amount**

_____ **Product/service sold**

Terms of agreement
(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to:

_____ **To cancel, contact:** _____
(Name and email)

_____ **Customer signature**

_____ **Date**