
Authorization Agreement for Credit Card Charges

I (we) hereby authorize NPR Executive Suites, LLC to charge to my Credit Card indicated below. I acknowledge that the origination of credit card transactions to my account must comply with the provisions of U.S. law. By signing this form, I (we) acknowledge and understand NPR Executive Suites, LLC. **Conference Room Rental Agreement** and any associated charges.

Credit Card Billing Address

Note: This is the address where your credit card statements are mailed.

COMPANY _____
FULL NAME _____
STREET _____
SUITE/APARTMENT _____
CITY, STATE AND ZIP _____
PHONE _____

Credit Card

TYPE: Visa Master Card American Express

CARD NUMBER _____

EXP DATE _____

CVV CODE _____

CREDIT CARD STATEMENT ADDRESS _____

Email: _____

NAME _____

SIGNATURE _____

Please keep credit card information on file to process my card for services until notified in writing to discontinue.

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