Card authorization form

I, _____, give permission to _____ 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.

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

- [ ] **Email receipts**
- [ ] **Mail receipts to:**

To cancel, contact: _____
(Name and email)

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

Customer signature

Date