

BMAC Credit / Debit Payment Authorization

COMPLETE THIS AUTHORIZATION AND RETURN.

All information will remain confidential.

Name on Card:

Email Address:

Billing Address:

Phone Number:

City, State, Zip:

Credit Card Type: Visa Mastercard Discover AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (Last 3-4 digits located on the back of the credit card)

Amount to Charge:

\$ _____(USD)

(For One Payment Only – Most Common for Fixed-Rate Projects Paid in Full)

Invoice Balances (USD)

(For Multiple Payments – Most Common for Hourly Projects, or Fixed-Rate Projects Divided into Separate Payments)

I authorize Briauna Moore to charge the total listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder — Please Sign and Date

Signature: By completing, I consent to eSign

Date: _____

Print Name: _____

Return the completed and signed form to Briauna Moore at either of the following:

Briauna Moore Administrative Consulting

Email: info@briaunamoore.com

Fax: 888-501-4746



BRIAUNA MOORE

Administrative Consulting | Document Design

(971) 231 - 0555 | briaunamoore.com | info@briaunamoore.com