

# ellsworth+ivey

## Credit Card Authorization Form

Account Name: \_\_\_\_\_

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

Contact Email: \_\_\_\_\_

Contact Phone: \_\_\_\_\_

Name as it Appears on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Credit Card Type: Visa: \_\_\_\_\_ MasterCard: \_\_\_\_\_ AMEX: \_\_\_\_\_ Discover: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

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

I, \_\_\_\_\_, authorize Ellsworth + Ivey LLC to charge my credit card, account

ending with the last four (4) digits: \_\_\_\_\_, for all invoices on new orders placed by my business 72

hours after receiving written, email notification of an invoice due.

\_\_\_\_\_  
Printed Name of Cardholder

\_\_\_\_\_  
Date

\_\_\_\_\_  
Authorized Signature of Cardholder

\_\_\_\_\_  
Title