



### Credit Card Authorization Form

Please complete all fields. You may choose to cancel this authorization at any time by contacting me in writing. This authorization will remain in effect until cancelled. However, if I have deemed it necessary to keep a card on file & you remove the active card on file you must replace it with another active card, otherwise your client account will be placed on hold and services will be halted.

<u>Credit Card Information</u>	
<b>Card Type:</b>	<input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
<b>Cardholder Name</b> (as shown on card): _____	
<b>Card Number:</b> _____	
<b>CVV / CVC:</b> _____	<b>Expiration Date (MM/YY):</b> _____ / _____
<b>Cardholder Address:</b> _____	
<b>Cardholder City:</b> _____	<b>Cardholder State:</b> _____
<b>Cardholder ZIP Code</b> (from credit card billing address): _____	
<b>Cardholder Phone #:</b> ( _____ ) _____ - _____	
<b>Cardholder Email:</b> _____ @ _____ . _____	

I, \_\_\_\_\_ (full name), authorize Digital Alchemy, LLC to securely store my credit card above for future charges based on the agreed upon & signed "Contract & SOW". I understand that my information will be saved in my client file for future transactions on my account. I also understand that I will be notified if & when a transaction will occur using my card. By signing below, I fully understand & agree to these terms & conditions.

**Client:** \_\_\_\_\_ **Date** \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_