

Credit Card Payment Authorization Form

Sign and complete this form to authorize **Iron doors Shop** to make a debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

I(full name)	authorize Iron Doors Shop t	o charge my credit card
account indicated below for(amo		
(description of goods/services)	<u> </u>	
Billing Address	Phone#	
City, State, Zip	Em	ail
Account Type: Uisa	MasterCard ☐ AMEX	Discover
Account Type: Visa	Master Card	∐ Discover
Cardholder Name		
Account Number		
Expiration Date		
CVV2 Number (three-digit number on the <i>back</i> of Visa, Master	rcard, and Discover cards, four-digit nur	mber on the front of American Express cards)
SIGNATURE		DATE

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.