



CREDIT CARD AUTHORIZATION FORM



ONE TIME BILLING AUTHORIZATION

BILLING INFORMATION

PRODUCTION / COMPANY NAME:

NAME / POSITION ON PRODUCTION:

MAILING ADDRESS:

CITY, STATE, ZIP CODE:

EMAIL / PHONE NUMBER:

CREDIT CARD INFORMATION

TYPE:	MASTER CARD	VISA	AMEX	DISCOVER	OTHER
	<input type="checkbox"/>				

CARD HOLDER NAME:

CARD NUMBER:

EXPIRATION DATE:

SECURITY CODE (CVV):

BILLING ZIP CODE:

PLEASE NOTE THAT CREDIT CARD PAYMENTS WILL BE SUBJECT TO A 4% PROCESSING FEE.

By signing this form you authorize COP PROP RENTALS OF NY to charge the above credit card for the amount specified on your invoice as a one time charge only.

This form does not permit any additional charges to be made or applied to this card.

This information will not be kept after your account has been paid out in full.

By signing this form you agree to these terms and not to dispute payment as long as the transaction matches the terms of the CPRNY Rental Agreement, your invoice and this form.

PRINTED NAME:

DATE:

SIGNATURE: