

# ONE (1) TIME CREDIT CARD AUTHORIZATION

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, \_\_\_\_\_ (Cardholder), authorize  
\_\_\_\_\_ (Merchant) to charge my credit card  
(as indicated below) for \$ \_\_\_\_\_ on \_\_\_\_\_ (mm/dd/yyyy).

This payment is for the following: \_\_\_\_\_.

## BILLING INFORMATION

Billing Address: \_\_\_\_\_ City, State, ZIP: \_\_\_\_\_

Phone #: \_\_\_\_\_ Email: \_\_\_\_\_

## CREDIT CARD INFORMATION

Card Type:  Mastercard |  VISA |  Discover |  AMEX |  Other \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Card Number (#): \_\_\_\_\_

Expiration: \_\_\_\_\_ (mm/yy) CVV: \_\_\_\_\_ Cardholder ZIP: \_\_\_\_\_

## CARDHOLDER SIGNATURE

I authorize the above named merchant 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, and is valid for one (1) use 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.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Printed Name: \_\_\_\_\_