

Credit Card Authorization Form v1.1

Please complete all fields. This authorization will remain in effect for this charge only.

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| **Credit Card Information** |
| Card Type: [ ]  MasterCard [ ]  VISA [ ]  Discover [ ]  AMEX  |
| Cardholder Name (as shown on card):  |
| Card Number: CVV No:  |
| Expiration Date (mm/yy):  |
| Cardholder ZIP Code (from credit card billing address):  |

I authorize Conformity Assessment Society to charge my credit card above for agreed upon purchases. I understand that my information will not be saved to file.

Customer Signature Date