A close-up of a logo

AI-generated content may be incorrect.

Credit Card Authorization Form v1.1

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

|  |
| --- |
| **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