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### Credit Card Authorization Form

CREDIT CARD INFORMATION	
Card Type	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name	<input type="text"/>
Card Number	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Expiration Date	<div><div>M<input type="text"/>M<input type="text"/></div><div>/</div><div>Y<input type="text"/>Y<input type="text"/></div></div> Billing Zip Code <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Amount	\$ <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>

CLAIM ID #

I, \_\_\_\_\_,  
authorize to charge my credit card above for agreed upon purchases. I understand that my information will NOT be saved to file and this is a one-time payment.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

Please complete this Credit Card Authorization Form and email it to [pay@synergysolutionpa.com](mailto:pay@synergysolutionpa.com)