

Card authorization form

I, _____, give permission to _____ to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

\$17/Mo Service Agreement
Amount authorized Cardholder email Product/service

All fields required

Card information

Card type

MasterCard

Discover

VISA

AMEX

Other

Cardholder (Name on card)

Card number

Expiration date (MM/YYYY)

ZIP code (From credit card billing address)

Recurring payments information

Charge every:
Week Month Quarter Other _____

Charge on this date 15th _____
(For example, the 1st of every month)

Specified on invoice _____

Payment amount _____

Service Agreement _____

Product/service sold _____

Termination must be notified in writing with ten days notice.

Terms of agreement
(For example, cancellations must be received 1 week prior to expected billing date)

Email receipts

Mail receipts to: _____

To cancel, contact: Service@allamericangcac.com
(Name and email)

_____ Customer signature

_____ Date