Credit Card Authorization Form

Please complete all fields on this form. We will charge only the amount authorized below and thereafter this authorization form will be invalid. The client credit card information will not be kept on file, unless the client instructs us otherwise.

Bank / Credit Card Information

Card Type: ☐ Visa (4) ☐ Mastercard (5) ☐ Amex (3) ☐ Discover (6)

Cardholder Name (as shown on the card): _____

Card Number: _____

Expiration Date: _____

Security Code: _____

Postal / Zip Code: _____

Authorized Amount (USD): _____

Authorization Consent

I authorize SmithWeekly Research and Andrew Weekly to charge my credit card above for agreed upon purchase amount authorized above. I understand that my information will not be saved on file for future transactions on my account unless I instruct otherwise, in writing, to SmithWeekly Research.

_____ _____

Client Authorized Signature
(same as cardholder above)

Date

_____

Company Name (if applicable)

We look forward to having you on...