Credit Card Authorization Form

This section is to be completed by the Cardholder or Ranch representative if over the phone:

Cardholder Name (printed): _____

Cardholder Billing Address: _____

Cardholder City, State, Zip: _____

Cardholder Cell Phone_____ Email Address: _____

Amount Authorized to Charge: _____ Receipt sent to: Email ____

Client Name: _____

Services Provided: _____

Card Type: VISA _____ MasterCard _____ American Express _____ Discover _____

Card Number: _____

Card Expiration Date: _____

Security Code Number: _____ *(3 digit number on back of card)*

Date: _____

Cardholder's Signature: _____

Ranch Representative (if taken by phone): _____