

## 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.

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** \_\_\_\_\_  
(For example, the 1st of every month)

Payment amount

Product/service sold

☐ Email receipts

☐ Mail receipts to:

To cancel, contact: \_\_\_\_\_  
(Name and email)

## Terms of agreement

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

Customer signature

Date