



CREDIT CARD AUTHORIZATION FORM

Email Address: \_\_\_\_\_

Name: \_\_\_\_\_

VPS Contact Name: \_\_\_\_\_

Card Type:      Visa                      Mastercard                      Discover                      American Express

Account Type:              Personal                      Business

Charge Type:              Debit                      Credit

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

VID Code (3 Digit Code in back of card): \_\_\_\_\_

Name as it appears on card: \_\_\_\_\_

**Card Billing Address**

Street: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zipcode: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Fax Number: \_\_\_\_\_

For Services on or at: \_\_\_\_\_

Card Holder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

I understand that additional charges may be added as they are incurred, upon authorization:

Yes                      No

NOTE: The information we collect from you will not be sold or transferred to any other company. We use the information for internal uses only in order to protect your privacy.