



## **Credit Card Authorization Form**

**PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.**

**All information will remain confidential.**

**Cardholder Name:**

**Billing Address:**

**Credit Card Type:**

**Visa**

**Mastercard**

**Discover**

**Credit Card Number:**

**Expiration Date:**

**Card** Identification Number (**last 3** digits located on **the back of the credit card**):

Amount **to Charge**: **as** per valid agreement between Cardholder and Elite Dispatch Service, LLC.

I authorize Elite Dispatch Service, LLC to charge the agreed **amount** listed **above to my** credit card provided herein. I agree **that** I will **pay for** this purchase **in accordance with** the issuing bank cardholder agreement.

Cardholder - Print Name, Sign and Date Below:

Signed:

Print **Name**:

Dated: