

CARDHOLDER AUTHORIZATION FORM

I, _____

authorize _____
(Company)

to charge the amount of \$ _____

for the following services

: _____

: _____

to my:

___ Visa, ___ Mastercard, ___ Amex, ___ Diners/Enroute, ___ Discover:

Card # _____ expiry date: _____

Name on card (please print): _____

Cardholder Signature: _____

Date: _____

Billing Address: _____

City/State/Prov: _____

Zip/Postal Code: _____

Telephone: _____ Fax: _____

Email: _____

I/we are aware of any cancellation policies and agree not to dispute or attempt to Chargeback any of the above signed for and acknowledged charges

Cardholder initial

I/we have attached a legible copy of the front of the card to be used in lieu of a credit card imprint. If the charge detailed above is over \$5000 I/we have attached legible copy of photo ID in addition to the front of the card to be used.

Cardholder initial