


# Credit Card Authorization Form

Please ensure all fields are completed. This authorization may be cancelled at any time by contacting us. It will remain valid until cancelled.

<b>Credit Card Information</b>	Powered by  AcumenConnections
<b>Card type:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other: _____	
<b>Cardholder name:</b> (as shown on card) _____	
<b>Card number:</b> _____	
<b>Expiration date:</b> (mm/yy) _____	
<b>Cardholder ZIP code:</b> (from credit card billing address) _____	

I, \_\_\_\_\_, authorize \_\_\_\_\_  
to charge my credit card listed above for the agreed upon purchases or services. I  
acknowledge that my credit card details will be securely stored for future transactions  
associated with my account.

\_\_\_\_\_  
**Customer signature**

\_\_\_\_\_  
**Date**