

# 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

### Terms of agreement

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

Email receipts

Mail receipts to:  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

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

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

\_\_\_\_\_  
Date