

{INSERT ORGANIZATION NAME AND LOGO}

Credit Card Authorization Form

Authorization Agreement

By signing below I state that I am a duly authorized signer on the credit card, for the information listed below.

I, the undersigned, do hereby authorize _____ ("The Company") to charge my credit card for the amount indicated in the "Total Authorized Charge" box.

I, the undersigned do hereby authorize The Company to charge my credit card each monthly as indicated in the amount authorized for Monthly Fees, and this authority for you to charge my card will remain in effect until The Company **RECEIVES AND CONFIRMS** my WRITTEN notification to cancel the monthly charges or the I have been charged for the total monthly amount as indicated below in accordance with the Company's Policies and Procedures.

If no monthly amount is indicated, this is authorization for a one-time charge only.

To my credit card company: By signing below, I authorize payment to _____ as indicated above.

Total Authorized Charge

Current Amount Authorized \$ _____

Additional Monthly Charge \$ _____ Per Month for _____ Months

Account Information

Name on Credit Card: _____

Billing Address _____ Apt _____

City _____ Zip: _____ State _____

Credit Card Number _____ Security code _____

Expiration Date **Month** _____ **Year** _____ VISA M/C

Signature

Authorized Signature (Primary): _____ Date: _____

Print Name of Signer _____

ALL SALES ARE FINAL, NO REFUNDS.