




One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize  to make a one-time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date.

Please complete the information below:

I _____, authorize  to charge my credit card
(Full name)

account indicated below for \$ _____ on or after ____/____/2024
(amount on quote) (date)

Credit Card Processing Fee 2 % Visa / Mastercard and 3 % Amex

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX

Cardholder Name: _____

Card Number: _____

Expiration Date: _____

Security Code : _____

Billing Address: _____ Phone#: _____

City, State, Zip: _____

EMAIL: _____

☐ Please check this box if you would like your Credit Card Encrypted and Saved to be used for future purchases.

SIGNATURE _____ DATE _____