

One Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize _____ to make a one-time debit to the credit card listed below.

By signing this form you give us permission to debit the account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____, authorize _____ to
(full name)
charge my credit card account indicated below for the amount of \$ _____ on
(total amount)
or after ____/____/____.
(date)
This payment is for _____.
(description of product or item number(s))

Billing address _____

Phone Number _____

City, State & Zip _____

Email _____

Account Type:



(Please check card type)

Cardholder Name (as appears on front of card): _____

Card Number: _____

Expiration Date: _____ CVV2 Number: _____

(3 digits on back of card (Visa/MC) 4 digits on front of AMEX)

***SIGNATURE** _____ **DATE** _____

I authorize _____ to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the product(s) described above, for the amount indicated above only, and is valid for onetime use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.