

CREDIT CARD AUTHORIZATION FORM



Name: _____

Address: _____ Fax #: _____

City, State, Zip: _____ Phone #: _____

E-mail Address: _____

Use this card to pay for the following Responsible parties: _____

CREDIT CARD INFORMATION

Type of Credit Card: Visa Mastercard Amex

Name on Card: _____ Phone #: _____

Billing Address: _____

Billing City, State, Zip: _____

Credit Card #: _____ **Exp. Date:** _____

Security Code: _____

Amount to be charged: All Charges Stall(s) Only EntriesOnly Specific Amount \$ _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time 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.

Signature: _____ **Date:** _____

There is a 4% service fee for credit card usage.

This section for Office Use Only:

Payment 1: Date: _____ Auth # _____ Amt: \$ _____ Initials: _____

Payment 2: Date: _____ Auth # _____ Amt: \$ _____ Initials: _____

Payment 3: Date: _____ Auth # _____ Amt: \$ _____ Initials: _____