

Authorization for credit card payment

Company Name: _____

Contact Person: _____

Phone Number: _____

Date: _____

Invoice Being Paid: _____

Expiry Date for Payment Authorization: _____

VISA Mastercard

Credit Card Number: _____

Expiry Date on Credit Card: _____

Name as Printed on Credit Card: _____

Signature: _____

This form can be reproduced for additional payments.

For questions, please contact:

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