

Insert Business Logo

Your Business / Company Name

Business Address, City, State, ZIP

Phone: Phone Number | Email: Email Address

CREDIT CARD AUTHORIZATION FORM

SECTION 1: CARDHOLDER INFORMATION

Full Name (as printed on card)

Billing Address

City / State / ZIP

Phone Number

Email Address

SECTION 2: CREDIT CARD DETAILS

Card Type

Visa MasterCard AmEx Discover Other

Card Number *(Do not store after processing)*

Expiration (MM/YYYY)

CVV (if required)

MM / YYYY

SECTION 3: PAYMENT AUTHORIZATION TYPE

One-Time Payment Recurring Payment

If recurring: Frequency

Start Date

End Date (or "Until Cancelled")

Weekly / Monthly / Quarterly / Other

mm / dd / yyyy



SECTION 4: PAYMENT DETAILS

Authorized Amount (\$)

Currency

Description of Goods / Services

0.00

USD

SECTION 5: INDUSTRY-SPECIFIC USE (OPTIONAL)

Hotel Reservation Airline Ticket Business Services Other: _____

SECTION 6: AUTHORIZATION STATEMENT

I, the undersigned, hereby authorize the merchant named above to charge my credit card for the amount and frequency specified in this form. I certify that I am the legal owner of this credit card and have the authority to authorize these charges. I understand that this authorization will remain in effect until the expiration date listed above, or until I provide written notification of its termination to the merchant. I agree that no refunds will be issued except in accordance with the merchant's stated refund and cancellation policies. I acknowledge that I will not dispute these scheduled transactions with my credit card company, provided the transactions correspond to the terms indicated in this authorization form.

Cardholder Signature

Printed Name

Date

SECURITY NOTICE: For security reasons, this form should be stored securely and destroyed after processing in accordance with PCI-DSS guidelines.

DISCLAIMER: "For personal tracking only. Not financial advice."

Free Credit Card Tracker by Credit Card Wind

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