

# Credit Card Payment Authorization

Company Name: \_\_\_\_\_

Employer #: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

Visa    MasterCard   Expiry Date: \_\_\_\_\_ MM / \_\_\_\_\_ YY

Card #: \_\_\_\_\_

Authorization for all 20\_\_\_\_\_ payments?    YES    NO

If not, 20\_\_\_\_\_ amount authorization \$\_\_\_\_\_.

Signature: \_\_\_\_\_