

CREDIT CARD PAYMENT AUTHORIZATION FORM – UNFURNISHED.

Date received: Site Initials:
BP #:
FOR OFFICE USE ONLY
Authorized Cardholder Signature: Date:
Temporary Authorization #:
I agree that if the credit card transaction is declined, I will be responsible to pay a \$20 Administration fee.
Client Name:
Card Verification Value:
Credit Card Exp Date:
Credit Card #:
Credit Card Type:
Billing Address (as it appears on Credit Card):
Name of Cardholder (exactly as it appears on card):
Cardholder Information:
Amount:
to charge my Credit Card for:
i Audionze
I Authorize
Agreement at with an effective start date of
This is to authorize the debit of your Credit Card for the payment of Goods and/or Services for the Tenancy