Card authorization form

I, _____, give permission to _____ to charge
Buyer name **Business name**

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized **Cardholder email** **Product/service**

All fields required

Card information

Card type

- ☐ MasterCard
- ☐ Discover
- ☐ VISA
- ☐ AMEX
- ☐ _____ Other

Cardholder (Name on card)

Card number

Expiration date (MM/YYYY)

ZIP code (From credit card billing address)

Recurring payments information

Charge every:
Week Month Quarter Other _____

Charge on this date _____
(For example, the 1st of every month)

Payment amount

Product/service sold

- ☐ **Email receipts**
- ☐ **Mail receipts to:**

To cancel, contact: _____
(Name and email)

Terms of agreement
(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date

Be sure to keep cardholder data safe by storing completed forms in a secure room or filing cabinet, and restrict access only to employees who require it to fulfill their job duties