



Credit Card Authorization Form

Form Version 2.0
Effective Date: 5/10/23

Please provide the information requested below in order to authorize credit card payment for your service.

Service Information

Quote#/Work Order#: _____

Amount: _____

Contact name: _____

Credit Card Info:

Credit Card Billing Info:

Name on Card: _____

Address 1: _____

Card #: _____ City: _____

Address 2: _____ City: _____

Exp Date: _____ Zip Code: _____

State: _____ Zip Code: _____

CVV: _____ Room: _____

Remittance Email: _____

Remittance Phone: _____

Notes:

Final amount charged: _____ . (Quoted amount + 3.5% CC fee + sales tax if applicable)

Signature: _____ Date: _____