



Credit Card Authorization Form

Company Name: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Number: _____

Credit Card Expiration Date: _____

Credit Card CVV (on back): _____

Signature: _____ **Date** _____

**Convenience Charge: Payments may be made by credit card rather than normal in person cash or check payment. As a convenience charge, your credit card will be charged an additional amount equivalent to \$3.65 per \$100 of each credit card transaction.*

