*[logo here] [Merchant name]*

*[Merchant business address] [Business phone number] [Business email address]*

Recurring Credit Card Authorization Form

I, \_ , authorize [*MERCHANT NAME]* to charge my credit card the

*(customer name)*

amount of $

only every of each for

*(day/date) (frequency)*

 days/weeks/months/years as payment for *,*

# Customer Information:

Customer Name:

Billing Address: Zip code:

Contact Number: Email Address:

ID Type: ID Number: Valid Until:

# Credit Card Information

Card type (select one): ❐ MasterCard ❐ Visa ❐ American Express ❐ Discover

* Other:

Name (As it appears on the card):

Card number:

Expiration date (MM/YYYY):

***\*\*****Please note, you will be contacted via the phone number you provided to request for your card CVV in compliance of PCI standards*

I certify that I am the owner of the credit card indicated above and will not dispute the scheduled payment with my bank/credit card company; provided that the transactions match with the terms described on this authorization form.

# Customer Signature Over Printed Name Date