*[logo here] [Merchant name]*

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

Single Payment Credit Card Authorization Form

# Customer Information:

Customer Name:

Billing Address: Zip code:

Contact Number: Email Address:

ID Type: ID Number: Valid Until:

*I hereby authorize [MERCHANT NAME] to apply the following charges to my credit card (please check all that apply)*

 Product/service A  Product/service B  Product/service C  Product/service D

 Product/service E  Product/service F  Product/service G  Product/service H

 Product/service I  Product/service J  Product/service K  Product/service L

|  |  |
| --- | --- |
| **Credit Card Information** | **Charges for Room/Account#**   |
| Card type (select one):* MasterCard
* Visa
* American Express
* Discover
* Other:
 | [Item/item/date] $ [Item/item/date] $ [Item/item/date] $ [Item/item/date] $ [Item/item/date] $ [Item/item/date] $ [Item/item/date] $  |
| Name (As it appears on the card): |  |
|  | Total Charges $  |
| Card number: |  |
| Expiration date (MM/YYYY):  | Processed/ verified by: Date:  |

***\*\*****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