

[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 E

Product/service I

Product/service B

Product/service F

Product/service J

Product/service C

Product/service G

Product/service K

Product/service D

Product/service H

Product/service L

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

| | |
|--|--|
| <p><i>**Please note, you will be contacted via the phone number you provided to request for your card CVV in compliance of PCI standards</i></p> | |
|--|--|

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