|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| **CREDIT CARDHOLDER INFORMATION** | | | | | | | | | | | | | |
| NAME ON CREDIT CARD | |  | | | | | | | | | | | |
| TYPE OF CREDIT CARD | | VISA | | MC | | AMEX | | DISCOVER | | | | | OTHER |
|  | | | | | | | | | | | | | |
| CREDIT CARD NUMBER | |  | | | | | | | | | | | |
| EXPIRATION DATE | |  | | | | | | | | | | | |
| BILLING ADDRESS | |  | | | | | | | | | | | |
| CITY |  | | STATE | |  | | ZIP CODE | | | | |  | |
| PHONE |  | | EMAIL | |  | | FAX NUMBER | | | | |  | |
|  | |  | | | | | | | |  | | | |
| **AUTHORIZED USER OF CREDIT CARD** | | | | | | | | | | | | | |
| NAME | |  | | | | | | | | | | | |
| PHONE NUMBER | |  | | | | | | | | | | | |
| EMAIL ADDRESS | |  | | | | | | | | | | | |
| AUTHORIZED AMOUNT | |  | | | | | | | | | | | |
| DATES OF CHARGES | |  | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| AUTHORIZATION OF CARD USE | | | | | | | | | | | | | |
| I certify that I am the authorized holder and signer of the credit card referenced above.  I’m aware there will be a hold on my credit card of $200.00 for 24 hrs before the service date and 24 hours after the service. For a total of a 48 hour credit card and will be released the next business day if no rules and regulations were violated.  **Please note, there’s a 3.5% service charge on credit card transactions.**  I certify that all information above is complete and accurate.  I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the “AUTHORIZED AMOUNT” field. I understand that this only covers the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| CARDHOLDER NAME | |  | | | | | | | | | | | |
| SIGNATURE | |  | | | | | | | DATE | |  | | |