

Credit Card Consent

Company Name: _____

Address _____ City/State/Zip _____

Account Number: _____ Date _____

Telephone # _____ Cell # _____

Consent Only

My credit card information (below) will be kept on file and charged only upon my phone or faxed confirmation of consent.

Automatic or continuing consent

My credit card information (below) will be kept on file and I give my permission to charge To the credit card whenever monies are due on my account, without contacting me for consent. This authorization is in effect until revoked in writing.

Use of credit card

My credit card is to be used for: (please check one)

- Deposit Only
 Balance Only
 Both deposits and balances

Credit card information

Name as it appears on card: _____

Visa Visa Mastercard

Expiration date _____ Security Number _____

Billing Address if different _____

City _____ State _____ zip _____

Signature of cardholder _____ date _____