One (1) Time Use Credit Card Authorization Form

Please complete all fields to make a one-time charge to your credit card listed below.

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| **Billing Information** | |
| Name, Company, Group, or Organization: | |
| Address: | |
| City, State, ZIP Code: | |
| Phone Number: | Email Address: |

|  |  |
| --- | --- |
| **Credit Card Information** | |
| Visa  MasterCard  Amex  Discover  Other (please specify): | |
| Cardholder Name (as shown on card): | |
| Card Number: | |
| Expiration Date (mm/yy): | Security Code (CVV): |
| Cardholder ZIP Code: | |

By signing this form, I authorize *[Your Company Name]* to charge my account for $*[amount charged]* on or after *[mm/dd/yy]* for a one (1) time payment only. This authorization does not permit any additional charges.

I confirm that I am an authorized user of this credit card and agree not to dispute the payment, as long as the transaction matches the terms in this form.

CUSTOMER SIGNATURE DATE

PRINT NAME