

# Client Credit Card Authorization Form

I \_\_\_\_\_ hereby authorize \_\_\_\_\_ to charge the balance due in the  
(Full Name) (Firm Name)  
amount of \$ \_\_\_\_\_ as payment for the services rendered.

## Cardholder Information

Client Name \_\_\_\_\_

Client Phone Number \_\_\_\_\_

Cardholder Billing Address \_\_\_\_\_

Cardholder Name \_\_\_\_\_  
(Name as it appears on card)

Last 4 digits of Card Number \_\_\_\_\_  
(Do NOT enter full card number, only the last 4 digits)

Expiry Month \_\_\_\_\_ CVV \_\_\_\_\_

Credit Card Type ☐ MasterCard ☐ Japan Credit Bureau (JCB)  
☐ Visa ☐ China UnionPay (CUP)  
☐ American Express ☐ Other \_\_\_\_\_  
☐ Discovery (Write)

Cardholder Signature \_\_\_\_\_ Date \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I accept the terms of this agreement.