



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

| | |
|---|--|
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> Japan Credit Bureau (JCB) |
| <input type="checkbox"/> Visa | <input type="checkbox"/> China UnionPay (CUP) |
| <input type="checkbox"/> American Express | <input type="checkbox"/> Other _____ |
| <input type="checkbox"/> 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.