

## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting me. Please DO NOT just change the credit card information on Square yourself – I must maintain all current information for legal purposes.

### Credit Card Information

Card Type:  MasterCard  Visa  Discover  Amex  Other

Cardholder Name (exactly as shown on card):

\_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date: (mm/yy): \_\_\_\_\_

I, \_\_\_\_\_, authorize

\_\_\_\_\_ to charge my credit card above for agreed upon payments and reimbursements. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date

**CVV must be given orally when form presented**