**ONE (1) TIME CREDIT CARD AUTHORIZATION**

By signing this form, you give us permission to charge your credit card for the amount indicated on or after the indicated date. This is permission for a **single transaction only**, and does not provide authorization for any additional unrelated debits or credits to your account.

I, [CARDHOLDER NAME] (Cardholder), authorize

[MERCHANT NAME] (Merchant) to charge my credit card

(as indicated below) for $[AMOUNT] on [MM/DD/YYYY].

This payment is for the following: [REASON FOR PAYMENT].

**BILLING INFORMATION**

Billing Address: [STREET ADDRESS] City, State, ZIP: [CITY, STATE, & ZIP]

Phone #: [CARDHOLDER PHONE] Email: [CARDHOLDER EMAIL]

**CREDIT CARD INFORMATION**

Card Type: [ ]  Mastercard | [ ]  VISA | [ ]  Discover | [ ]  AMEX | [ ]  Other [OTHER (IF ANY)]

Cardholder Name: [CARDHOLDER NAME]

Card Number (#): [CREDIT CARD NUMBER]

Expiration: [MM/YY] (mm/yy) CVV: [CVV NUMBER] Cardholder ZIP: [ZIP CODE]

**CARDHOLDER SIGNATURE**

I authorize the above named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one (1) use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Cardholder Signature: [\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_](http://esign.com/) Date: [MM/DD/YYYY]

Printed Name: [CARDHOLDER PRINTED NAME]