

Credit Card Authorization Form

Address:

Email: accounting@

Date: _____

Broker is hereby authorized to charge to your credit card the following:

Company Name _____

Card's Billing Address _____

Credit Card Type: Visa____MasterCard____ Discover____ AMEX____

Credit Card # _____

CVV/Security Code_____ **Expiration Date**____/____

I authorize **Broker** to bill my credit card on a recurring basis as indicated above for payment of invoices. I understand and agree that by executing this authorization I am liable for all charges that may be accrued due to insufficient funds. Termination of automatic payments must be requested in writing.

Note: Credit card payments have an additional 3.5% processing fee.

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Authorized user name (please print)

Authorized signature