



## CREDIT CARD AUTHORIZATION FORM

Customer Name and Number: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

(Exactly as it appears on card)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_ Zip: \_\_\_\_\_

Cardholder Phone Number: (     ) \_\_\_\_\_

Card Type (circle one): M/C VISA AMEX

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

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Authorization Code: \_\_\_\_\_

(MC/VISA three digits on back of card. AMEX four digits on front of card)

Amount Authorized: \$ \_\_\_\_\_

Invoices to pay: \_\_\_\_\_

Period authorized to run credit card payment (if applicable): \_\_\_\_\_

I agree to pay credit card charges for Costs and Fees per schedule according to card issuer agreement.

Cardholder Email address: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_

Cardholder Name (PRINT): \_\_\_\_\_

Date of Signature: \_\_\_\_/\_\_\_\_/\_\_\_\_

Month                      Day                      Year

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