

CC Payment Authorization

Payment by Credit Card

Company Name / DBA:

Phone Number:

Email:

Credit Card Information

Name on Account (as it appears on credit card):

Billing Address (as it is used on credit card):

City:

State:

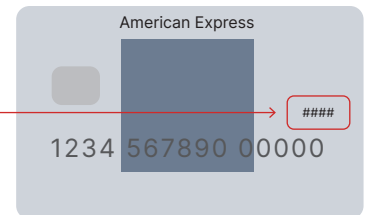
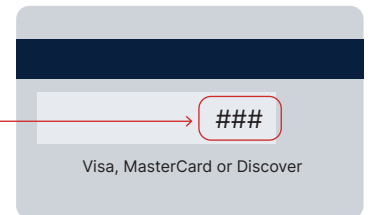
ZIP Code:

Card Type: Visa MasterCard AMEX Discover

Credit Card Number (16 digits or 15 for AMEX):

Exp. Date (MM/YY):

CVV (3 digits or 4 for AMEX):



CREDIT CARD AUTHORIZATION

I authorize Credit Technologies, Inc. to settle all charges to this account as defined in the membership agreement using the above billing method. Payment for all outstanding charges will occur at the end of each month. This authorization shall be a continuing and irrevocable promise and indemnity for the amount owed. Any account cancellation or modifications must be made in writing. The undersigned promises to pay Credit Technologies, Inc. on demand for any and all sums that come due.

✕

Authorized Signature

Date