

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 MasterCa	rd 🗌 AMEX	Discover		
Credit Card Number (16 digits or 15 for AMEX):				→ #### sterCard or Discover
Exp. Date (MM/YY):	CVV (3 digits or	4 for AMEX):		rican Express → #### 57890 0 0000

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.

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Authorized Signature	Date	
∠ Credit Technologies	www.CreditTechnologies.com	(1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
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