



Credit Card Authorization Form

Customer Name: _____

Customer ID#: _____

Credit Card Type: Master Card Visa Discover American Express

Credit Card Number: MC/Visa/DC _____ - **XXXX - XXXX** - _____

In an effort to protect your privacy, please provide only the first 4 and last 4 digits of your card number.

OR

Credit Card Number: AMEX _____ - **XXXXXXXX - X** _____

In an effort to protect your privacy, please provide only the first 4 and last 4 digits of your card number.

Expiration Date: (mm/yy) _____ / _____

Card Holder's Name: _____

Card Holder's Billing Address: _____

Card Holder's Contact Phone #: _____

Authorized Amount to Charge: _____

Date: _____

Card Holder's Signature: _____

By signing above you agree for the above authorized amount(s) to be charged to the listed credit card on this form and for the customer named above.

Would you like to place this card on auto payment? Yes or No (Circle one please)

If you would like to place this credit card on auto payment, please sign here:

By signing above you agree for the above listed credit card to be placed on auto payment for the all charges pertaining to the listed customer id #.

*** Please complete this form and fax it back to 727-532-2679 or email to payments@pods.com**