

THIRD PARTY CREDIT CARD AUTHORIZATION FORM

Name of Cardholder _____

Credit Card Number _____ **Expiry Date** _____

Type of Credit Card _____

Company Name _____

Billing Address _____

Phone # _____

The undersigned agrees that he/she is an authorized user of the above-mentioned credit card.
The cardholder authorizes _____ to charge this credit card for the following charges:

Amount \$: _____

SIGNATURE OF CARDHOLDER: _____

****PLEASE EMAIL SCAN (FRONT & BACK) COPY OF CREDIT CARD****

****PLEASE EMAIL PASSPORT/ID COPY OF THE CARD HOLDER****