

Card authorization form

I, _____, give permission to _____ to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service

All fields required

Card information

Card type

- MasterCard
 Discover
 VISA
 AMEX

Other _____

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

Code

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Other _____

Email receipts to (your email address):

Charge on this date

Payment amount

Annual Membership Renewal

Product/service sold

To cancel, contact: acucare@acucare.com
(Name and email)

Cancellation must be received seven business days prior to billing date.

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date

Be sure to keep cardholder data safe by storing completed forms in a secure room or filing cabinet, and restrict access only to employees who require it to fulfill their job duties