CREDIT CARD AUTHORIZATION FORM

For your data security, please refrain from ever sending emails that contain your credit card or payment information.

Credit card information

_____ _____
Cardholder's name as it appears on the card *Phone number*

_____ _____
Credit card number *Expiration date (month/year)*

_____ _____
Credit card billing zip code *Amount to be charged*

_____
Property address

Payment authorization

All credit card transactions will incur a convenience fee of 3.00% or $2.00 minimum. By signing this form, you are authorizing this transaction. Payment will **not** be processed without a signature

_____ _____
Cardholder's signature *Date signed*