

Credit Card Authorization Form



Billing Information

Company: _____

Billing address: _____

City: _____ State: _____ Zip Code: _____

Phone: _____ Fax: _____

Mail receipt Fax Receipt Email receipt

Email to send receipts to: _____

Credit Card Type

Visa

MasterCard

American Express

Discover

Cardholder's Name: _____

Credit Card # _____ Expiration date: _____

Please check one of the following:

Pay by invoice

Pay by statement

Signature of card holder (required) _____ Date: _____

***We are PCI compliant and therefore request that you please fax this authorization form to
207-784-5383 and do not send via email.***