

# One-Time Credit Card Payment Authorization Form

Name on Card

Billing Address

City

State/Province

ZIP/Postal Code

Phone Number

Email Address

Card Type

Card Number

Expiration Date

CVV

Amount to Charge

Description of Payment

Authorization

I authorize the above-named business to charge my credit card indicated above for the amount listed. This payment is for a one-time charge only.

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Cardholder Signature

Date