

Credit Card Authority Form

Name: _____

Address: _____

Telephone: _____

Payment For: _____

Visa

Bankcard

Mastercard

Card Number:

Security Number:

Cardholder's Name: _____

Expiry Date: _____

Amount: _____

Cardholder's Signature: _____

Date: _____

Office Use Only

GL Number: _____

Responsible Officer: _____