



## Credit Card Consent

Company Name: \_\_\_\_\_

Address \_\_\_\_\_ City/State/Zip \_\_\_\_\_

Account Number: \_\_\_\_\_ Date \_\_\_\_\_

Telephone # \_\_\_\_\_ Cell # \_\_\_\_\_

### Consent Only

My credit card information (below) will be kept on file and charged only upon my phone or faxed confirmation of consent.

### Automatic or continuing consent

My credit card information (below) will be kept on file and I give my permission to charge To the credit card whenever monies are due on my account, without contacting me for consent. This authorization is in effect until revoked in writing.

### Use of credit card

My credit card is to be used for: (please check one)

- Deposit Only  
 Balance Only  
 Both deposits and balances

### Credit card information

Name as it appears on card: \_\_\_\_\_

Visa  Visa  Mastercard

Expiration date \_\_\_\_\_ Security Number \_\_\_\_\_

Billing Address if different \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ zip \_\_\_\_\_

Signature of cardholder \_\_\_\_\_ date \_\_\_\_\_