

Credit Card Authorization Form

By signing this form, you give The Copy Shop (TCS) permission to debit your account for the amount indicated on or after the indicated date.

I, _____ (hereinafter referred to as the "Cardholder"),
authorize _____ (hereinafter referred to as the "Merchant")
to charge my credit card account indicated below for \$ _____ on
_____.

Date

This payment is for the following:

Description of goods or services

This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to the Cardholder's account.

1. Billing Information.

Billing Address

_____	_____
Phone	Email

2. Card Details.

- | | |
|-------------------------------------|---|
| <input type="checkbox"/> Visa | <input type="checkbox"/> Discover |
| <input type="checkbox"/> MasterCard | <input type="checkbox"/> American Express |

Cardholder Name Account/CC Number

Expiration Date ____/____ CVV ____ ZIP Code _____

I authorize the Merchant (The Copy Shop) to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods or services described above, for the amount indicated above, and is valid for recurring time use only when required for any services.

I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Signature

Date