

Business Credit Card Account

Authorized Business Name

Authorized Business Phone Number

Authorized Business Address

City

ST

Zip**Account Holder Information**

Account Holder Name

Account Holder Business Name (if business account)

Account Holder Phone

Account Holder Address

City

ST

Zip**Account Holder's Credit Card Information**

Cardholder Name

Exp. Date

CVV

Credit Card Number**Payment Information**

Description/Goods Purchased/Services RenderedFrequency: ☐ One-Time☐ Recurring

Payment Date

First Payment Date

or ☐ Open Ended
Number of Payments

Amount of Payment

\$ or ☐ Variable Amount
Amount per PaymentFrequency: ☐ Weekly ☐ Bi-weekly ☐ Monthly
☐ Quarterly ☐ Semi-annually ☐ Annually**Authorization**☐ Until Revoke

I hereby authorize the above named Business to charge the Credit Card referenced herein, according to the parameters specified herein. This authority will remain in effect until the payment(s) are completed as specified herein. If a payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

☐ Single Use

I hereby authorize the above named Business to charge the Credit Card referenced herein. This authority will remain in effect until revoked in writing by the undersigned account holder. If the payment is returned for any reason I acknowledge that I am subject to a rejected item fee of \$25 or the maximum amount allowed by law.

Signature of Account Holder

Print Name of Account Holder

Date