

CREDIT CARD USAGE AUTHORIZATION FORM

Merchant Name: _____ Merchant ID: _____

Cardholder Information:

Full Name (as on card): _____

Billing Address: _____

City, State, ZIP: _____

Phone Number: _____

Email Address: _____

Credit Card Information:

Card Type (Visa, MasterCard, Amex, etc.): _____

Card Number: _____

Expiration Date (MM/YY): _____ CVV: _____

Authorization Details:

By signing below, Cardholder authorizes the Merchant to charge the credit card listed above for the agreed upon transactions. Cardholder confirms that all information provided is accurate and that the cardholder is authorized to use this credit card. This authorization is valid for all transactions agreed upon between Cardholder and Merchant, including any recurrent charges authorized verbally or in writing. Cardholder understands that this authorization will remain in effect until revoked in writing.

Terms and Conditions:

1. Cardholder guarantees that the credit card is valid and has sufficient credit to cover the charges. 2. Merchant agrees to comply with all applicable laws and card association rules regarding credit card transactions. 3. Cardholder acknowledges that disputes regarding charges must be brought directly to the Merchant's attention for resolution. 4. Merchant is not liable for unauthorized use of the credit card unless due to Merchant's gross negligence or willful misconduct. 5. This authorization is governed by and construed in accordance with the laws of the United States and the relevant state law. 6. Both parties consent to the exclusive jurisdiction of the courts located in the applicable state for any disputes arising from this Agreement.

Cardholder Certification:

I certify that I am the authorized cardholder of the credit card described above and that I consent to the charges authorized herein. I acknowledge that I have read and understood the terms and conditions of this Credit Card Usage Authorization Form.

Cardholder Signature

Merchant Representative Signature

Signature: _____

Signature: _____

Printed Name: _____

Printed Name: _____

Date: _____

Date: _____

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