**<Insert Logo Here>**

< Street Address>

< City State Zip>

< Phone Number>

**Credit Card Payment/Refund Phone Authorization Form**

Sign and complete this form to authorize <insert business name> to make a one-time debit/credit to your credit card listed below.

By signing this form you give us permission to debit/credit your account for the amount indicated. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ authorize <Insert Business Name> to charge my credit card

 (full name)

account indicated below for \_\_\_\_\_\_\_\_\_\_\_\_\_ on or after \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_. This payment is for

 (amount) (date)

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_.

 (description of goods/services)

Billing Address \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Phone# \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

City, State, Zip \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Email \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**SIGNATURE ­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­­\_\_Per Phone Authorization\_ DATE**

**I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. 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.**

|  |
| --- |
| Account Type: [ ]  Visa [ ]  MasterCard [ ]  AMEX [ ]  Discover Cardholder Name \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Account Number \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_Expiration Date \_\_\_\_\_\_\_\_\_\_\_\_  |