

# company

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# counts

## Credit Card Authorization Form

Client \_\_\_\_\_

Card Holder Name \_\_\_\_\_

Card Type \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

Card Holder Billing Address: (exactly as it appears on your monthly statement)

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Email \_\_\_\_\_

Phone \_\_\_\_\_

The signature on this form authorizes Company Counts LLC to pre-authorize the card listed above in the amount of your job estimate and to charge the card listed above for all balances of any unpaid invoices after thirty days.

Signature \_\_\_\_\_ Date \_\_\_\_\_