

CHRISTOPHER MAYER
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CREDIT CARD AUTHORIZATION

FULL NAME: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

BILLING ADDRESS FOR CREDIT CARD STATEMENT:

CITY, STATE & ZIP CODE:

PHYSICAL PROPERTY ADDRESS: If same as billing address write same!

TYPE OF CARD: **Circle One: Includes all check cards with any of these logo's.**
Only accepting: (VISA or MASTERCARD)

NAME AS IT APPEARS ON THE CREDIT CARD:

CREDIT CARD NUMBER:

EXPIRATION DATE ON THE CARD: _____

THREE DIGIT CODE, LOCATED IN THE SIGNATURE BLOCK, ON BACK OF THE
CREDIT CARD: _____

AUTHORIZATION AGREEMENT FOR CREDIT CARD TRANSACTIONS

I hereby authorize, Christopher Mayer, as my agent, to debit my credit card. I also understand that this agreement will remain in effect until either party gives written notice to the other, of termination. I also agree that by using this card for a payment of any type, that an additional 3% convenience charge will be added.

SIGNATURE DATE