

Credit Card Authorization Form

Visa



Master card



American Express

Name (as it appears on the card): _____

Email Address: _____

Credit Card Number: _____

Expiration Date: _____ CVV#(3 digit code on back of card) _____

Billing Address:

Phone Number: _____ (Associated with credit card)

Being the cardholder or Corporate officer, by signing below I understand and agree to the terms set forth in this agreement, agree to pay, and specifically authorize Jeffcoat Inc. to charge my credit card, for the products provided. Jeffcoat Inc. will provide me with a copy of the invoice upon request. I further agree that if my credit card becomes invalid, I will provide Jeffcoat Inc. with a new valid credit card upon request, to be charged for the payment of any outstanding balances owed to Jeffcoat Inc. I understand at the beginning of each month my credit card will be charged the balance of my monthly statement that will be electronically sent to my email address.

Signature: _____

Printed Name: _____

Date: _____

Front copy of card here

Back copy of card here