

## Credit Card Authorization Form

I authorize payment of expences incurred with DR&A, Inc. via the following credit card information:

Company Name: \_\_\_\_\_

Cardholder's Name: \_\_\_\_\_

Cardholder's Email \_\_\_\_\_

Cardholder's Phone \_\_\_\_\_

CHECK ONE:    Mastercard                      Visa                      American Express

Credit Card Number: \_\_\_\_\_

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

Security Code: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Authorized Signature: \_\_\_\_\_

*Please also send a photocopy of credit card submitted for payment.*

## Credit Card Signature Authorization

Authorized Person(s): \_\_\_\_\_

Authorized By: \_\_\_\_\_

Date: \_\_\_\_\_

*A convenience fee of 5% will be added to all credit card charges*