

# Credit Card Authorization

By signing this form, I give Miles & Fogg permission to debit my account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits to my account.

I, \_\_\_\_\_, authorize Miles & Fogg to charge the credit card indicated below  
(Full Name)

for \$ \_\_\_\_\_ on \_\_\_\_\_. This payment is for Miles & Fogg invoice # \_\_\_\_\_  
(Amount \$) (Date)

## Billing Information

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

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

Phone # \_\_\_\_\_ Email \_\_\_\_\_

## Credit Card

<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard
<input type="checkbox"/> Amex	<input type="checkbox"/> Discover
Cardholder Name	_____
Account Number	_____
Exp. Date	_____ / _____
CW	_____

I understand that this authorization is for the above noted transaction only. If the above noted payment date falls on a weekend or holiday, I understand that the payment may be executed on the next business day. In the case of a transaction being rejected I understand the merchant may at its discretion attempt to process the charge again within 30 days. I certify that I am an authorized user of this credit card and will not dispute this transactions with my credit card company; so long as the transaction corresponds to the terms indicated in this authorization form.

AUTHORIZED SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

PRINT NAME \_\_\_\_\_