

## Credit Card Authorization Form

(fill out, print, and sign the form)

Please complete and sign this authorization form. All fields are required. Your credit card will be billed automatically for the amount indicated and charges will state **COMPANY NAME** on your statement. You may cancel this automatic billing authorization with 30-days' notice by contacting us in writing.

### Customer Information

Customer Name

Telephone Number (include area code)

### Payment Information

I authorize **COMPANY NAME** to charge the card listed below as follows:

Amount:  Frequency ☐ Monthly ☐ Quarterly ☐ Annually

Start billing on:  or ☐ immediately

### Credit Card Information

Credit Card Type ☐ Visa ☐ MasterCard ☐ Amex ☐ Discover ☐ Other

CVV #

Credit Card Number

Expiry Date

Cardholder's Name (as shown on credit card)

Billing Address

State

Zip Code

Cardholder's Signature

Date

Fax this agreement to 123-123-4567  
Or mail to: **COMPANY NAME** - 123Park Avenue, Michigan 69789 MI

# Luxor Credit Card Authorization Form

**F Rizvi**



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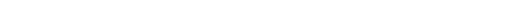
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