



Credit Card Authorization Sheet

Payment method: _____ **Mastercard** _____ **Visa** _____ **American Express**

Customer Name: _____

Data Paper's Account Number: _____

Name as Shown on Credit Card: _____

Credit Card Account Number: _____

Card's Expiration Date: _____ **Card's Zip Code:** _____
MM YY

First line of card's billing address: _____
(safeguard for bank's purposes – usually the number and street name)

Invoices to be paid: _____

Total Amount of Charge: \$ _____ **Date submitted:** _____

Person submitting payment: _____
(signature if by fax)

Comments: _____

