



I _____ hereby authorize **CVALS** to charge
(full name)
my credit card indicated below for the amount of _____ on or after _____.
(amount) (date)

This payment is for _____.
(description)

Credit Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> Mastercard <input type="checkbox"/> Discover <input type="checkbox"/> Amex
Cardholder's Name:	_____
Credit Card Number:	_____ - _____ - _____ - _____
Expiration Date:	_____ / _____
CVV2 (3 digit security code): (4 digit American Express)	_____
Billing Zip Code: (matching the credit card above)	_____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE

DATE