



## CREDIT CARD APPROVAL FORM

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

The following data is required for payment via credit card:

Credit Card No: \_\_\_\_\_

Verification Code: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_

Dollar Amount: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Cardholder Address: \_\_\_\_\_

City/State/Zip Code: \_\_\_\_\_

Cardholder Phone: \_\_\_\_\_

Cardholder Email: \_\_\_\_\_

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Notes: \_\_\_\_\_

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*A 3% credit card processing fee may apply.*