SimplyWise

Credit Card Authorization Form

MERCHANT

Business name _____ Phone _____

Business address _____ Email _____

City, state, ZIP _____ Contact for billing questions _____

CARDHOLDER

Name as it appears on card _____ Phone _____

Billing address _____ Email _____

City _____ State _____

ZIP _____ Country _____

CARD

Card type: [ ] Visa [ ] Mastercard [ ] Amex [ ] Discover

Card number _____ Expiration date _____

Billing ZIP for the card _____

Do not write the security code on this form. Give it verbally when the charge is keyed. Visa Product and Service Rules 5.4.3.1 prohibits requesting the security code on a written form.

Store this completed form securely and destroy it after the charge has been processed. This form is not a substitute for a compliant payment processor.

AUTHORIZATION

Charge type: [ ] One time charge [ ] Recurring charge

One time amount _____ Date to charge _____

Recurring frequency _____ Start date _____

End date _____ Maximum amount per charge _____

What the charge is for _____ Invoice or work order number _____

I authorize the business named above to charge the card listed on this form for the amount or amounts described in the authorization section. I confirm that I am the cardholder or that I am authorized to use this card, and that the billing information above is correct. If a recurring authorization is selected, I agree that charges may continue on the schedule shown until the end date, until the maximum amount per charge is reached, or until I cancel this authorization in writing. I understand that the charge may appear on my statement under the business name shown above.

SIGNATURE

Cardholder signature _____ Date _____

Printed name _____ Relationship to the account _____

Handling note: keep the completed form in a locked file or an encrypted folder and limit access to the staff who process payments. This form is a record of what the cardholder agreed to.

Keep this form secure. Do not send a completed copy by plain email or text message.