

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

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

Date: \_\_\_ / \_\_\_ / \_\_\_\_\_

## Credit Card Authorization Form

**Broker** is hereby authorized to charge your credit card the following:

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

Card's Billing Address: \_\_\_\_\_

Credit Card Type:    Visa            MasterCard            Discover            AMEX

Credit Card# \_\_\_\_\_

CVV/Security Code \_\_\_\_\_ Expiration Date \_\_\_\_\_ / \_\_\_\_\_

I authorize Broker to bill my credit card on a recurring basis as indicated above for payment invoices. I understand and agree that by executing this authorization, I am liable for all charges that may be accrued due to insufficient funds. Termination of automatic payments must be requested in writing.

**Note: Credit card payments have an additional 3.5% processing fee.**

\_\_\_\_\_

Authorized user name (please print)

\_\_\_\_\_

Authorized signature