



## Credit Card Payment Authorization Form

Instructions: Please complete and return this form and attach it to the ticket you were asked to complete it via. Please also include a scanned copy of both the front and back of your card, or alternatively photographic proof of ID.

Card Type: ☐ Visa ☐ Mastercard

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

Expiry Date on Credit Card (MM/YY): \_\_\_\_\_

Name as appears on card: \_\_\_\_\_

Company Name on card (if applicable): \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Country: \_\_\_\_\_ Phone Number: \_\_\_\_\_

Invoice #: \_\_\_\_\_

Amount: \$\_\_\_\_\_ USD

I hereby confirm that the details supplied above are for a card I own or have permission to use. I also confirm I authorize WHMCS Limited to charge my credit card for the initial invoice number and amount specified above, as well as any associated recurring charges in the case of a monthly lease.

I also understand that should this payment become subject to a dispute or chargeback after having been made, that I will be held liable for both the original amount plus any additional fees incurred.

Signature of Card Holder: \_\_\_\_\_

Printed Name of Card Holder: \_\_\_\_\_

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