



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: _____