

# PT Processing, LLC

Business Name: \_\_\_\_\_

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

Charity: \_\_\_\_\_

## CREDIT CARD AUTHORIZATION FORM

DATE: \_\_\_\_\_

CREDIT CARD TYPE: (CIRCLE ONE)



EXPIRATION DATE: \_\_\_\_\_

CREDIT CARD ACCT #: \_\_\_\_\_

3 DIGIT SECURITY NUMBER #: \_\_\_\_\_

**THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES.**

I \_\_\_\_\_ (please print) authorize **PT Processing, LLC** to charge the above credit card for all purposes posted to my account.

**ALL SALES ARE FINAL AND THERE ARE NO REFUNDS.**

\_\_\_\_\_  
Cardholder's Signature

\_\_\_\_\_  
Date

PRINT the names of those individuals the the Credit Card Holder is authorizing to charge payments on the above listed credit card.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

**PLEASE FILL OUT & FAX THIS FORM ALONG WITH A PHYSICAL COPY (both front and back) OF THE ACTUAL CREDIT CARD TO (740)-653-0983**

CUSTOMER ACCT (Internal Use Only) \_\_\_\_\_