

# CREDIT CARD AUTHORIZATION FORM

Please complete all fields below.

You may cancel this authorization by contacting me. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other
Cardholder Name (as shown on card):
Card Number:
Expiration Date (mm/yy):
Cardholder ZIP Code (from credit card billing address):

I, \_\_\_\_\_, authorize ETaraskiewicz, LLC to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

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Customer Signature

Date