



Credit Card Authorization Form

Company to obtain the following information in order to process any credit card purchases without physical possession of the card and the embedded information on the magnetic strip. Please fill out this form completely to assure prompt order processing and email to The Effects Group at accounting@theeffectsgroup.com

Customer information

Company Name _____

Address _____ City _____

State _____ Zip code _____ Phone # _____

Cardholder's information

Cardholder's Name _____

Address _____ City _____

State _____ Zip code _____ Phone # _____

Card number _____ Exp. Date _____

Amex _____ MasterCard _____ Visa _____ CVV Code _____

Amount \$ _____

Authorized Signature _____ Date _____

Please print cardholder's name clearly _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form