



www.LaptopGeniuses.com

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Credit Card Payment Authorization Form

Name: _____

Business Name: _____

Credit Card Billing Address: _____

City: _____ State: _____ Zip: _____

Telephone: _____ Cell: _____

Fax : _____ Email: _____

Credit Card Type: AX _____ VS _____ MC _____ DVC _____

Credit Card Number: _____ Exp Date: _____

Card Code: _____

Printed name of Card Holder: _____

Amount Authorized: \$ _____

Signature of Card Holder: _____ Date: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. 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.

- Please Email: *LaptopGeniuses@gmail.com* OR Fax: 253-735-2805
- Authorization Form must be accompanied by a copy of card holder's Drivers license and copy (front & back) of credit card