

Card authorization form

I, _____, give permission to Grace Computer & Internet Corp to charge my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

Amount authorized

Cardholder email

Product/service

All fields required

Card type

Card information

Card number _____

VISA

MasterCard

AMEX

Discovery

Other

Cardholder (Name on card)

Card number

Expiration date ZIP code

(MM/YYYY)

(From credit card billing address)

Recurring payments information

Charge every:

Week Month Quarter Year Other _____ Email receipts: _____

Charge on this date _____

(For example, the 1st of every month)

Payment amount

Product/service sold

The cancellations must be received 1 week prior to expected billing date

Terms of agreement

To cancel, contact: info@gracecomputer.net

Customer signature

Date