

Credit Card Authorization

Please complete the information below:

I _____ hereby authorize Richmond Advantage to use the following Credit Card information to charge purchases made with Richmond Advantage.

Billing Address: _____ Phone: _____

City, State, Zip: _____ Email: _____

Credit Card Type (Check One): MasterCard Visa Discover American Express

Credit Card Number: _____ - _____ - _____ - _____

CVV2 (3-digit number on back of Visa/MC, 4-digit on front of AMEX): _____

Expiration Date: ____ / ____

Credit Card Holder's Name (Print): _____

(Exactly as it appears on the credit card)

Card Holder Signature: _____ 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 and for multiple purchases until I indicate otherwise. 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.