


Authorization for use of credit card

This form shall serve as written authorization for **innovativeconsultants, LLC** to utilize the credit card(s) listed below to purchase merchandise/services on my behalf. I have been notified of the total amount of these purchases, as detailed below, and by signing below; I further agree to make payment, based on the terms of the issuing bank. FAX COMPLETE FORM TO: (410) 363-9866

Project Costs/Work Order Credit Card Authorization			
CUSTOMER:		WO#: Quote #;	
Total Amount Charged*:	\$	Invoice#:	
<i>*indicate all charges taxes/shipping/handling as per invoice</i>			

CREDIT CARD INFORMATION			
<i>Required Items: *</i>			
*Card Type:	<input type="checkbox"/> Visa <input type="checkbox"/> MasterCard	*Account Number:	
Check Here:	<input type="checkbox"/> Make this a Recurring Charge every month [†]		
[†] The noted amount will be charged monthly automatically to the selected credit card below for a 12 month renewable period. If for any reason you would like to change the credit card that will be charged automatically please notify billing@consult-ic.com and a new authorization form will be issued.			
*Exp. Date:	/	*CVV #:	
		**Card Verification # (CVV) provides an additional level of online fraud protection. The number is located on your credit card and is generally three to four digits long.	

BILLING ADDRESS			
<i>(Incorrect billing address will result in a declined charge.)</i>			
*Name:			
*Street Address:			
*City, State, Zip:			
Telephone#:			
Fax#:			
*Signature:		*Date:	
*Printed Name:			