



**CREDIT CARD AUTHORIZATION AGREEMENT**

(Credit Card **Must** be a company credit card or the personal card of an owner, principal, or officer of the company.)

I, \_\_\_\_\_, hereby authorize Texoma Network Solutions to store and charge my credit card for product(s) and/or service(s) either previously rendered or to be rendered in the future.

Company Name: \_\_\_\_\_

Type of Credit Card: \_\_\_ Visa / \_\_\_ MasterCard / \_\_\_ Discover / \_\_\_ AMEX,

Credit Card Number \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ Exp Date: \_\_\_\_/\_\_\_\_

Credit Card Issuer Name: \_\_\_\_\_ CVV Code (Last 3 Digits on Back of Card): \_\_\_\_\_

Cardholder's Name (As it appears on card): \_\_\_\_\_ (Please Print)

**The Credit Card billing address:**

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

Tel: ( \_\_\_\_\_ ) \_\_\_\_\_ - \_\_\_\_\_

**Shipping Address:**

\_\_\_\_\_ (Street)

\_\_\_\_\_ (City) \_\_\_\_\_ (State) \_\_\_\_\_ (Zip Code)

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**All transactions are subject to approval by our credit card company. I acknowledge all information contained herein is accurate. I understand that a charge of \$1.00 will be billed to my account as validation which will be refunded and may take up to 3-5 days to return to my account depending on my financial institution. I understand and agree the penalty fee for charge-backs is \$20 and the penalty fee for Non-Sufficient Fund is \$20. I understand and agree to a 4% processing fee for credit cards processed by phone.**

Cardholder's Printed Name \_\_\_\_\_ Title \_\_\_\_\_

Cardholder's Signature: \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_