

Authorization for Credit Card Use

COMPLETE THIS AUTHORIZATION FORM

All information will remain confidential

Name on Card:

Billing Address:

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number:

Expiration Date:

Card Identification Number: _____ (3 digits on the back of the credit card)

Amount to Charge: \$ _____ (USD) Total Due

Date to Charge each Month:

I authorize Suspend your Disbelief, Inc. dba THE CORE to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature:
Date:
Print Name: