Budget Box

Credit Card Authorization Form

This form authorizes Budget Box to charge the credit card listed below for payment of invoices, services, or agreed-upon transactions. All Credit Card payments will incur a 3% surcharge. We impose a surcharge on credit cards that is not greater than our cost of acceptance. We do not surcharge Debit Cards.

Cardholder Information

Company Name: _____

Name on Card: _____

Billing Address: _____

City: _____ **State:** _____ **Zip:** _____

Phone Number: _____

Email Address: _____

Credit Card Details

Card Type: ☐ Visa ☐ MasterCard ☐ American Express ☐ Discover

Card Number: _____

Expiration Date (MM/YY): _____ / _____

Security Code (CVV): _____

Authorization

I authorize **Budget Box** to place my credit card on file for payment of invoices for goods and services provided. This authorization will remain in effect until the balance is paid in full or until I provide written notice to remove my card from the encrypted system.

Cardholder Signature

Signature: _____

Printed Name: _____

Date: ____ / ____ / _____

Please email this completed form to: **ar@budgetbox.com**