

CREDIT CARD AUTHORIZATION FORM

Card Holder Name: _____

Card Holder Company: _____

Credit Card Billing Address: _____

Credit Card Billing City, State, Zip: _____

Card Number: _____ Expiration Date (mm/yy): ____/____

Card Type (Check): Visa MasterCard Discover American Express

CVV Code: _____

Payment Information: I, _____, am authorized to use the above referenced card and authorize The Estimating Edge, LLC to charge the above referenced card for the amount specified below:

Date (mm/dd/yy)	Amount
_____	\$ _____

Please read and understand before signing:

- Applicable sales tax will be added to your transaction
- I understand that by signing this form, I agree that all information provided is true and correct.

Signature: _____ Date (mm/dd/yy): _____

Email completed form to jsparrell@edgeestimating.com or fax to 561-450-9973