

Card authorization form

I, _____, give permission to Central Georgia Technology, LLC to charge
Buyer name Business name

my card for the following purchases. My card details will be stored in my profile and will only be used for approved purchases.

\$ _____
Amount authorized Cardholder email Product/service

All fields required

Card information

Card type

- ☐ MasterCard
☐ Discover
☐ VISA
☐ AMEX

☐ Other _____

Cardholder (Name on card)

Card number

Expiration date
(MM/YYYY)

ZIP code
(From credit card billing address)

Recurring payments information

Charge every:

Week ☒ Month ☐ Quarter ☐ Other _____

Charge on this date 1st
(For example, the 1st of every month)

\$ _____
Payment amount

Product/service sold

☐ Email receipts

☐ Mail receipts to:

To cancel, contact: billing@cengatech.com
(Name and email)

Please provide 30 days notice for cancellations

Terms of agreement

(For example, cancellations must be received 1 week prior to expected billing date)

Customer signature

Date