



Credit Card Authorization Form
(Please print clearly)

- 1. Company Name: _____
- 2. CCC Client Account Number _____
- 3. Type of credit card: Visa MasterCard American Express
- 4. Account # _____ - _____ - _____ - _____
- 5. Expiration date (MM/YY): _____ / _____
- 6. 3 or 4 digit security code: _____
- 7. Type of credit card: Corporate Personal
- 8. Name on credit card: (Individual) _____
(Company) _____
- 9. Billing Address for credit card statement:

10. A receipt will be emailed to the same address as the invoices and statements. If you wish to have an email go to a different party, please print below. The system only allows for one receipt email address.

-
- 11. Contact: Name _____
Phone Number (_____) _____ - _____ X _____

Authorization for Credit Card Payment

Credential Check Corporation is hereby authorized to apply the amount I am invoiced, bi-monthly to the credit card provided.

Authorization Signature _____

Date: _____