



**CREDIT CARD AUTHORIZATION**  
ALL PAYMENT PACKAGES REQUIRE A COMPLETED  
CREDIT CARD AUTHORIZATION FORM.

BUSINESS NAME: \_\_\_\_\_

CARDHOLDER NAME: \_\_\_\_\_

CARDHOLDER BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

CARDHOLDER PHONE NUMBER: \_\_\_\_\_

CREDIT CARD TYPE: VISA | MASTERCARD | AMEX | DISCOVER

CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

CARD ID NUMBER (DIGITS ON THE BACK OF THE CARD): \_\_\_\_\_

PAYMENT AMOUNT: \_\_\_\_\_

IS THIS A RECURRING CHARGE? YES | NO

IF YES, HOW MANY PAYMENTS WILL BE MADE IN THIS AMOUNT? \_\_\_\_\_

I UNDERSTAND THAT IF I REQUEST AND APPROVE FUTURE SERVICE THIS CARD WILL BE BILLED FOR APPROVED AMOUNTS.

**TO START YOUR PROJECT RETURN TO: [INFO@DOODLEDOGADVERTISING.COM](mailto:INFO@DOODLEDOGADVERTISING.COM)**

**NOTES & TIPS:**

IF YOU DO NOT HAVE A SCANNER - YOU MAY WANT TO DOWNLOAD THE FREE IPHONE APP "GENIUS SCAN"

ALL CHARGES WILL BE BILLED ON THE WEEK OF THE 15TH OF EVERY MONTH, UNLESS OTHERWISE AGREED UPON.

**CLIENT'S SIGNATURE/DATE** \_\_\_\_\_