

Card authorization form

I, _____, give permission to Grubbs Orthotic & Prosthetic Labs, Inc. 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

(For example, the 1st of every month)

Payment amount

Product/service sold

☐ Email receipts

☐ Mail receipts to:

To cancel, contact:

(Name and email)

Terms of agreement

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

Customer signature

Date