



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN with A FRONT AND BACK COPY OF THE CREDIT CARD AND MATCHING DRIVERS LICENSE.

All information will remain confidential.

Name on Card: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card or 4 digits on the front for amex)

Amount to Charge: \$ _____ (USD)

I authorize Eurocharged Performance to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement. I agree that the software I ordered could be sent via electronic transmission (email, dropbox, FTP, etc and I may not receive tangible goods).

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____