



AuthenText Solutions LLC
Credit Card Authorization Form

Date _____

Name of Client _____

Phone number (_____) _____ - _____

Street Address _____

City _____ State _____ Zip code _____

Cardholder information (if same as client above put "same")

Name on card _____

Billing Phone number (_____) _____ - _____

Billing Address _____

City _____ State _____ Zip code _____

Type of Card Visa Mastercard American Express

Number on the card _____

Expiration date ____/____ Security Code _____

Amount of payment authorized \$ _____

Signature of card holder _____ Date _____