



## CREDIT CARD AUTHORIZATION FORM



### AUTHORIZATION FOR CREDIT CARD USE

Please complete this authorization form and return.  
All information will remain confidential.

## INSTRUCTIONS

1. Please completely fill out all sections. Payment cannot be processed without this form completed in it's entirety.
2. Scan and email this completed form to: [chris@quinnconcepts.com](mailto:chris@quinnconcepts.com)

## CONTACT INFO

### NAME ON CARD

Please write or type your name as it appears on your card.

\_\_\_\_\_

### BILLING ADDRESS

Please write or type your billing address.

Street \_\_\_\_\_

\_\_\_\_\_ Apt/Ste# \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_

Country \_\_\_\_\_ Zip \_\_\_\_\_

## PAYMENT INFO

### CARD TYPE

Please circle your card type.

VISA      Mastercard      Discover      AMEX

Card Number \_\_\_\_\_

\_\_\_\_\_

Expiration Date \_\_\_\_\_ Security CVV \_\_\_\_\_

## WRITTEN AUTHORIZATION

I authorize **Quinnconcepts** to charge my credit/debit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Signature \_\_\_\_\_

Print Name \_\_\_\_\_

Date \_\_\_\_\_