



## Credit Card Payment Authorization

You authorize charges to your credit card for services (typically meeting room, contract invoices or office rental) and ancillary items (typically goods for meeting or office activities) from Centerway ExecuCenter. You will be charged the amount indicated on invoices issued to you by Centerway ExecuCenter. A receipt for each payment will be provided to you and the charge will appear on your credit card statement.

I, the Cardholder named herein, authorize Centerway ExecuCenter to charge my Credit Card indicated below for payment of invoices issued to me and/or on my behalf.

### Credit Card Billing Information

Cardholder Name (as on Card) \_\_\_\_\_

Billing Address \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Phone Number \_\_\_\_\_

Email \_\_\_\_\_

### Credit Card Banking Details

Visa     MasterCard     Discover     American Express

Cardholder Name (if not as above) \_\_\_\_\_

Account/CC Number \_\_\_\_\_

Expiration Date \_\_\_\_ / \_\_\_\_

CVV \_\_\_\_\_

Zip (if not as above) \_\_\_\_\_

I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify Centerway ExecuCenter in writing of any changes in my account information or termination of this authorization at least 15 days prior to the next billing date. If a payment date falls on a weekend or holiday, I understand that the payments may be executed on the next business day. I acknowledge that the origination of Credit Card transactions to my account must comply with the provisions of U.S. law. I certify that I am an authorized user of this Credit Card and will not dispute these scheduled transactions so long as the transactions correspond to the terms indicated in this authorization form.

CARDHOLDER SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_