



CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Credit Card Billing Information (As printed on your credit card statement):

Full Name as Printed on Card: _____
Company Name as Printed on Card: _____
Address CC Bills are sent to: _____

City _____
State _____
Zip Code _____
Country _____
Phone # (connected to card) _____

Credit Card Type: VISA MC DISCOVER AMEX

Credit Card #: _____ - _____ - _____ - _____

Expiration Date: _____ / _____ AVS/CVC/CVV #: _____

(last 3 digits on the back of Visa, MC or Discover, or 4 digits on front of AMEX):

With my signature below, I authorize Alpha Dog Transcriptions to charge the above credit card for services rendered and give permission to Alpha Dog Transcriptions to charge this card for any additional charges as a result of orders placed by me or other representatives of the above company. I am aware that I will receive an e-mail copy of all transactions charged to this card for my records.

Cardholder Signature : _____

Date: _____