



# Credit Card Authorization Form

Please provide us with information and permission to accept and bill your credit card. Complete all fields, sign, date and return to us via fax, email or USPS. All information is kept strictly confidential.

Full Name as Printed on Card: \_\_\_\_\_  
Company Name as Printed on Card: \_\_\_\_\_  
Street Address CC Bills are sent to: \_\_\_\_\_  
\_\_\_\_\_  
City \_\_\_\_\_  
State \_\_\_\_\_  
Zip Code \_\_\_\_\_  
Country \_\_\_\_\_  
Phone # (connected to card) \_\_\_\_\_  
E-mail address: \_\_\_\_\_

**CARD TYPE:**

VISA  MC  AMEX  Discover

**CREDIT CARD #:**

\_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_ Security Code: \_\_\_\_\_

**PLEASE SELECT EITHER "ONE TIME" OR "RECURRING BILLING"**

[ ] ONE-TIME BILLING: I hereby authorize Alpha Dog Transcriptions to charge my credit card the amount indicated on the invoice. This is a one time charge authorization and will not authorize Alpha Dog Transcriptions to charge future projects with this card. I understand that if I wish future project to charged to this card, I will submit another authorization form or choose the selection below.

[ ] RECURRING BILLING: I hereby authorize Alpha Dog Transcriptions to charge my credit card the amount indicated on the invoice and understand that this card will be charged for future services.

**AUTHORIZATION:**

*With my signature below, I authorize Alpha Dog Transcriptions to charge the above credit card for services rendered and if "future billing" is selection give permission to Alpha Dog Transcriptions to charge this card for any additional charges as a result of future orders placed by me or other representatives of the above company. I certify I am the legal cardholder, and that I am legally authorized to enter into this one time or future billing agreement with Alpha Dog Transcriptions.*

Cardholder Signature : \_\_\_\_\_

Date: \_\_\_\_\_