

Credit Card Authorization Form

Instructions

1. Complete the form by printing legibly with a dark pen, all billing information in the blanks below.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax all this form, along with the photocopy of the signed credit card, back to us to our secure fax machine at **1-480-452-0107** to complete your payment.

I, _____, hereby authorize Ivy League

Consulting to charge my credit card account in the amount of \$_____ (including taxes and credit card fees, if applicable).

Invoice #: _____

PO#: _____

Type of Card: VISA, MASTERCARD, AMEX

Name on the Credit Card _____

Credit Card Number _____

Expiration Date _____ *CVC Code _____

*Visa/MC- last 3 digits of the number on the back of the card, Amex – 4 digit number on the front of the card.

Credit Card Billing Address

Street: _____

City: _____ State: _____ Zip Code: _____

Telephone: _____

Cardholder's Signature _____

Date _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. All information entered on this form will be kept strictly confidential by Ivy League Consulting.

Complete and fax all documents required to: 1-480-452-0107



**Ivy League
Consulting**

INTELLIGENT AND EDUCATED APPROACH

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