

Practical PROPS

One Time Credit Card Payment Authorization Form

Please sign and complete this form to authorize **Practical Props** to make a one time charge to the credit card listed below.

Please complete the information below:

I _____ authorize **Practical Props** to charge my credit card
(full name)
account indicated below for _____ on or after _____.
(amount) (date)

I agree that I will pay for this transaction in accordance with the issuing bank cardholder agreement.

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____
Company Name _____ Job Name _____

Account Type: Visa MasterCard AMEX Discover
Cardholder Name _____
Account Number _____
Expiration Date _____
CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Shipping information Home Business

Name _____

Shipping Address _____

City, State, Zip _____

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.