

Credit Card Authorization Form



Business Name:

Please specify authorization of entire account or only specific department(s)/branch(es) (check one):

Entire account Only department(s)/branch(es) listed:

Please specify the type of service (check one):

Monthly Recurring charges on the 15th of the month.

Keep on file until called or emailed with authorization to process.

One-time charge of:

I authorize Washington Archives Management to charge my invoice using this credit card authorization form. I understand that my signature on this form will serve as authorized signature on the credit card receipt.

This authorization shall remain in full force until Washington Archives Management has received written notification from me of its termination in such a time to give Washington Archives Management a reasonable opportunity to act on it. Any discrepancies on invoice must be made known prior to charge date in order to be applied to current invoice.

This information is confidential. This form will only be kept by Washington Archives Management Accounting Department.

Credit Card Type (check one): Visa MasterCard Discover American Express

Credit card number:

Expiration:

CVC Code- last 3 digits on back of card:

Street address credit card is billed to:

Zip:

Name as it appears on card (please print):

Cardholder's signature:

Date:

Phone:

Email:

If you have any questions call 800-715-6683.

Please complete and fax to 253-922-4575 or email to Brianna@washingtonarchives.net