

CREDIT CARD AUTHORIZATION FORM

Client Name:	
Name on Credit Card:	
Credit Card Type: (Visa, MC, Discover, AMEX)	
Credit Card Number:	
Expiration Date:	
Card Billing Address:	
Card City and State:	
Zip code:	
CVV code (security code):	
Amount:	
The authorized credit card holder gives permission to Rain Deck, LLC to charge the stated amount . Please sign below to authorize the credit card charge.	
Cardholder's Signature:	Date: