Credit Card Payment Authorization Form

Sign and complete this form to authorize VaccineCheck, LLC to apply a charge to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission to debit your credit card as indicated.

Please complete the information below:

I ______________________________authorize VaccineCheck, LLC to charge my credit card (full name) account as indicated for $_on or after ____________________.
(amount) (date)

This payment is for ____
(description of goods/services)

INVOICE_NUMBER(s):____

Billing Address ______________________________Phone#_________________________

City, State, Zip ______________________________Email _________________________

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) ______

CARD HOLDER SIGNATURE & DATE

____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. 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.

300 Red Brook Blvd, Suite 320, Owings Mills, MD 21117
Phone: (888) 750-2247 •• Website: www.vaccinecheck.us