
Credit Card Payment Authorization Form

Name of client:	
Type of card:	
Credit card number:	
Expiration date:	Month Year
Security code (3-digit on back or 4-digit) on front of card:	
Address: (On file with CC comp.)	
City, State, & Zip code: (On file with CC Comp.)	
Amount to be charged:	\$
Print Cardholder's Name:	
Cardholder's Signature:	
Date:	

By filling out the above form, you are authorizing CultureTrust Greater Philadelphia to run the aboveentered card for the above entered amount as per the agreement with your card holder.