



One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Tecalemit Inc. to make a one time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated with a 3% service fee on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize Tecalemit Inc. to charge my credit card
(full name)
account indicated below for _____ on or after _____. This payment is for
(amount) (date)

(description of goods/services)

Billing Address _____ Phone# _____
City, State, Zip _____ Email _____

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

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 with the 3% service fee, and is valid for one time use 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.