



Credit Card Authorization Form

Dear Sir/Madam,

This form has been created in order to allow you to have third party expenses charged to your credit card. Please provide all the information requested below to ensure prompt processing of your application. We ask you to please sign and date the form before submission. Please email the completed form to info@tripleclear.com for processing.

Cardholder Information

Name as it appears on the credit card: _____

Card type: Visa MC Amex

Account type: Individual (personal credit card)

Corporate | Company Name: _____

Account number: _____ Exp. date: _____

CVV number: _____

Address:

(where statement is mailed) _____

City, State and Zip: _____

Phone number: _____ Fax or alternate number: _____

I certify that all information is complete and accurate and that I am the authorized signer of the credit card listed above.

Cardholder name: (Printed) _____

Cardholder signature: _____ Date: _____