



## Credit Card Authorization Form

*All information will remain confidential.*

***Credit card payments are subject to a 3.5% processing fee.***

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AMX \_\_\_\_\_ Discover

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV \_\_\_\_\_

Amount to Charge (**Account balance + processing fee**): \_\_\_\_\_ (USD)

I authorize EDS Management to charge the **account balance as shown on my company's invoice plus a 3.5% credit card processing fee** to the credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Please Print Name, Sign and Date below:

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Return form to **info@edssummit.com**.