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Credit Card Authorization Form



Type of Your Credit Card : Visa MasterCard Discover American Express

Name of Card Holder (as it appears on the card) : _____

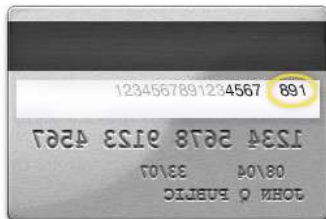
Credit Card Number: _____
15 digits for Amex / All Other Cards 16 Digits

Card-Holder's Billing Address _____

City State ZIP Code

Card-Holder's Email Address _____
Please print your email address (for receipts)

Security Code: _____ Expiration Date (MM/YR) _____
Amex 4 digits | Others 3 digits



Visa / Mastercard
Security code can
be found in the **back**
of your card -the last
3 digits shown.



American Express
security code can
be found in the **front**
of your card -the 4
digits above your
card number...

In lieu of my credit card imprint, I, _____, hereby authorize Office Divvy to charge my credit card for *current* and *future charges* for my Office Divvy membership and/or use of service. By signing below, I acknowledge all current and future charges. I understand that this authorization will *only* be used for my valid Office Divvy membership, Call Desk, and/or use of service charges including automatic monthly subscription payments and possible overage charges. I understand that my Membership, Call Desk service subscription and/or use of service is governed by the terms and conditions I previously agreed upon in a separate document. Any disputes arising from these charges will be handled directly between myself & the merchant: *Office Divvy LLC*

Card Holder's Signature _____
Date