



**p.o. box 2849, big bear lake, ca 92315**  
**(909) 878-3456**

## Credit Card Payment Authorization Form

Sign and complete this form to authorize **dd and Associates** to charge the credit card listed below. By signing this form you give us permission to charge your account for the amount indicated.

Please complete the information below:

I, \_\_\_\_\_, authorize **dd and Associates** to charge my credit card account indicated below for \$\_\_\_\_\_.

Name (as printed on card): \_\_\_\_\_

Company (as printed on card): \_\_\_\_\_

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

City, State, Zip: \_\_\_\_\_ Email: \_\_\_\_\_

Account Type:    \_\_\_  Visa    \_\_\_  MasterCard    \_\_\_  Amex

Credit Card #: \_\_\_\_\_ Exp \_\_\_/\_\_\_ Security Code: \_\_\_\_\_

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