



## Credit Card Authorization Form

### Cardholder Information:

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

Name of Cardholder: \_\_\_\_\_ (As it appears on the card)

Billing Address (Street, City, State, Zip):

\_\_\_\_\_  
\_\_\_\_\_

Telephone#: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

### Credit Card Information:

\_\_\_\_ Visa \_\_\_\_ MasterCard \_\_\_\_ Amex \_\_\_\_ Discover

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

Credit Card CVV# \_\_\_\_\_

Exp.Date: \_\_\_\_\_

### Authorization:

Frequency: \_\_\_\_ Weekly \_\_\_\_ Monthly \_\_\_\_ One Time

Amount: \_\_\_\_\_

I hereby authorize MAQ to charge my credit card for the amount and frequency indicated above. I certify that I am the authorized cardholder of record and that I have full authority to make purchases on behalf of the account listed above. I understand may cancel at any time by sending an email to gotmaq@yahoo.com

Signature of the card holder: \_\_\_\_\_ Date \_\_\_\_\_

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

MAIL TO: **12359 Abbey rd Bldg A North Royalton Ohio 44133**

All copies of this form will be DESTROYED once we have submitted the information to PayPal.

We do NOT keep credit card information on file at our location.