

SKYLINE

CHARTER

One-Time Credit Card Payment Authorization Form

Sign and complete this form to authorize Skyline Charter to make a one-time debit to your credit card listed below. By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below.

I, _____, authorize Skyline Charter to charge my credit card account
(full name)

indicated below on or after _____.
(date)

BILLING ADDRESS _____ PHONE _____

CITY, STATE, ZIP _____

EMAIL _____

ACCOUNT TYPE: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover (4% service charge on all cards)

CARDHOLDER NAME _____

ACCOUNT NUMBER _____

EXPIRATION DATE _____ / _____

CVV2 _____ (3-digit number on back of Visa/MC, 4 digits on front of AMEX)

SIGNATURE _____ DATE _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one-time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company, so long as the transaction corresponds to the terms indicated in this form.