



Credit Card Authorization Form

There is a 5% processing fee for all credit card transactions.

Credit Card Number: _____ CVV: _____

Top portion will be destroyed after entering in our PCI compliant database.

Last 4 Digits of Credit Card: _____

Expiration Date: _____

Company Name: _____

DOT #: _____

Cardholder Name: _____

Billing Address: _____

Credit Card Type: Visa Mastercard AMEX

Phone Number: _____

Email Address: _____

I understand that by signing this form, I am authorizing West Chester Permit to automatically charge the indicated credit card for future services provided. There is a 5% processing fee for all credit card transactions.

Signed: _____ **Date:** _____