



Credit Card Billing Authorization Form

Credit Card Billing Information:

Company:

Name on Credit Card:

Person Authorizing:

Credit Card Type: VISA MasterCard American Express Discover

Credit Card Number:

CVC (Security Code):

Expiration Date:

Billing Address:

City:

State/Province:

Zip/Postal Code:

Country:

Phone Number:

Email (to send receipt):

Please select one of the following payment options:

Option 1. Bill my credit card once for the following amount:

Option 2. Bill my credit card once per month for the following amount:

Applicant agrees that all information provided is accurate and complete. Applicant also acknowledges that all orders may be immediately terminated at the company's discretion if any charges are declined or chargebacks are claimed against any invoice amount. Disputes to amounts invoiced should immediately be reported to **CDUdotcom**. Any changes in status of this card can also be reported to **CDUdotcom**. Contact information is provided below.

The undersigned is the duly authorized representative of _____

Authorized Signature: _____ Date: _____