

**BOOKOUTZ, LLC**  
**CREDIT CARD AUTHORIZATION FORM**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Company Name: _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder Zip Code (from credit billing address): _____

I, \_\_\_\_\_, authorize BOOKOUTZ, LLC to collect payment for all invoices approved by email, text, phone or fax. I understand that my information will be saved on file for future transactions on my account. I certify that I am the authorized signed of the credit card listed above.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date



BOOKOUTZ, LLC  
7680 PELHAM RD  
GREENVILLE, SC 29615  
(864) 520-0281