



### Credit Card Payment Authorization Form

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**Please complete the information below:**

I \_\_\_\_\_, authorize IT3Pro to charge my credit card for the minimum of 2 hours prior to service being provided. Once the issue has been resolved, I authorize IT3Pro to charge my credit card for the remainder of the hours worked.

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

Billing Address: \_\_\_\_\_

Phone: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Email: \_\_\_\_\_

Card Type: Visa	MasterCard	Amex	Discover
Cardholder Name: _____			
Account Number: _____			
Expiration Date: _____			
CVV (3 digit number on back of Visa/MC, 4 digits on front of AMEX)			
Customer Code _____ (Commercial Credit Cards Only)			

SIGNATURE: \_\_\_\_\_

DATE: \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. If the above noted payment dates fall on a weekend or holiday, I understand that the payments may be executed on the next business day. I understand that this payment authorization is for the type of bill indicated above. I certify that I am an authorized user of this credit card and that I will not dispute the scheduled payments with my credit card company provided the transactions correspond to the terms indicated in this authorization form.

Once completed please email to [Billing@IT3Pro.com](mailto:Billing@IT3Pro.com)