



## CREDIT CARD AUTHORIZATION FORM

### CREDIT CARDHOLDER INFORMATION

NAME ON CREDIT CARD													
TYPE OF CREDIT CARD													
COMPANY NAME													
CREDIT CARD #													
EXPIRATION DATE								SECURITY CODE					
BILLING ADDRESS													
CITY					STATE				ZIP CODE				
PHONE						FAX#				EMAIL			

### AUTHORIZED USER OF CREDIT CARD

NAME											
COMPANY											
PHONE NUMBER											
EMAIL ADDRESS											
INVOICE # / PO#											
AUTHORIZED AMOUNT											
DATES OF CHARGES											

### AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.  
 I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. **We will charge processing fees of 5% for American Express Cards and 4% for all other cards.**

**Please complete form and email it to [ar@synapse-its.com](mailto:ar@synapse-its.com)**  
**DO NOT INCLUDE THIS FORM WITH THE REPAIR UNITS**

CARDHOLDER NAME:											
SIGNATURE:											
DATE:											

Rev04102024