



CREDIT CARD AUTHORIZATION FORM

Sign and complete this form to authorize **Blue Sky Locksmith** to make a one time debit to your credit card listed below. By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX	
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	CVV (3 or 4-digit #):
Cardholder ZIP Code (from credit card billing address):	

I, _____, authorize **Blue Sky Locksmith** to charge my credit card above for agreed upon services and/or parts in the amount of \$ _____ for the following goods/service(s): _____.

I understand that my information will be saved to file for this one-time transaction on my account. I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

Customer Signature

Date