



One Time Credit Card Authorization Form

Complete and sign this form to authorize **Grand Old House** to process a onetime payment to your debit/credit card listed below.

By completing and signing this form, you are giving us permission to debit your account with the **non – refundable** amount indicated below, for the goods and/or services specified. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account, unless otherwise specified via email or separate quote provided.

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Please complete the information below:

I _____ authorize _____ to charge my
(Cardholder's Full Name) (Merchant's Name)

credit card account indicated below for \$ _____ on _____
(Amount \$) (Date)

This payment is for _____
(Description of Goods/Services)

Billing Information

Billing Address _____ Phone # _____

City, State, Zip _____ Email _____

Card Details

Visa MasterCard Discover American Express

Cardholder Name _____

Account/CC Number _____

Expiration Date _____ / _____

CVV _____ Zip Code _____

I authorize the above-named business to charge the credit/debit 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 (1) 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.

SIGNATURE _____ DATE _____

(cardholder)