



Credit Card Payment Authorization Form

Sign and complete this form to authorize EVLHA to charge your credit card listed below. You authorize EVLHA to debit your account for the amount indicated on or after the indicated date as a one time charge.

Please complete the information below:

I _____ authorize EVLHA to charge my credit card
Your Name

account indicated below for \$ _____ on or after _____. This payment is for
Amount Date

_____. The payment is made on behalf of _____.
Specify Company if applicable

Billing Street Address _____

Phone# _____

City, State, Zip _____

Email _____

Account Type: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> AMEX <input type="checkbox"/> Discover
Cardholder Name _____
Account Number _____
Expiration Date ____/____
Zip Code _____ CVV# _____ (on back side)

SIGNATURE _____

DATE _____

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, 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.

Send Completed Form to:
evlhaservice@gmail.com or Fax (480)-218-7600