



## Credit Card Authorization Form

Completion of this form is your authorization for Infobahn Outfitters to apply charges to your credit card for products & services offered by our company.

eLation ID (For office use): \_\_\_\_\_

One-Time Charge Amount: \_\_\_\_\_

Continuous Charge Amount: \_\_\_\_\_

Monthly     Quarterly     Semi-Annually     Annually

Card Type:

Visa     Mastercard     Discover     American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: Month: \_\_\_\_\_ Year: \_\_\_\_\_

Exact name on Card: \_\_\_\_\_

Exact Billing Address for Card (where the bills are mailed for your card):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Authorized By (Signature): \_\_\_\_\_

Date: \_\_\_\_\_