



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: _____