

Office use only	
Date Entered _____	By _____
Date Processed _____	By _____

4242 Interfaith Way • The Woodlands, Texas 77381  
 Phone 281.367.1230 • Fax 281.292.0619 • woodlandsdirectory.com

## CREDIT CARD PAYMENT AUTHORIZATION

Payment in Full:       Partial Payment:       Payment of Balance:





 Cards (circle one)

Date: \_\_\_\_\_ Payment Amount: \_\_\_\_\_

**OR**

Automatic Monthly Transactions:





 Cards (circle one)

Deposit Date: \_\_\_\_\_ Deposit Amount: \_\_\_\_\_

Payment Start Date: \_\_\_\_\_ Number of Payments: \_\_\_\_\_ @ \_\_\_\_\_ = \_\_\_\_\_

Contract Total \_\_\_\_\_

\_\_\_\_\_  
 Credit/Debit Card Account Number (15 or 16 Digits)

\_\_\_\_\_/\_\_\_\_\_  
 Expiration Date (Month/Year)

Security Code: \_\_\_\_\_ (American Express is 4 digits on front of card - MC, Visa Discover is 3 digits on back of card)

Email for Receipt: \_\_\_\_\_

Published Name of Business: \_\_\_\_\_ Tel: \_\_\_\_\_

\_\_\_\_\_  
 Print Card Holders Name (as it appears on card)

\_\_\_\_\_  
 Billing Address (for this card)

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature if Present \_\_\_\_\_ Date of Signature \_\_\_\_\_