



@onlyvans\_llc ☎+1 323 -207-0311

## CREDIT CARD AUTHORIZATION RELEASE FORM

I authorize ONLYVANS, LLC to charge my credit card:

COMPANY NAME: \_\_\_\_\_

JOB NAME: \_\_\_\_\_

Card Type: Visa MasterCard AMEX Discover Other:

Cardholder Name \_\_\_\_\_

Card Number \_\_\_\_\_

Expiration Date (MM/YY) \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

Billing Address: \_\_\_\_\_

**(Please include copies of both sides of the credit card and driver's license)**

CARDHOLDER \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above 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.