



**COMPANY NAME:**

NEWTON-COLEY, LLC

STREET ADDRESS:

901B N. ASHE AVE.

CITY, STATE, ZIP CODE:

NEWTON, NC 28658

PHONE NUMBER:

980-858-4063

### CREDIT CARD PAYMENT AUTHORIZATION FORM

Sign and complete this form to authorize the above mentioned company to make a one-time debit to your credit card listed below. An additional fee of 3.5% will be charged to use this service.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is a permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

#### Please complete the information below:

I \_\_\_\_\_ authorize \_\_\_\_\_ to charge my credit  
(Full Name) (Company Name)

card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(amount) (date)

\_\_\_\_\_  
(description of goods/services)

Billing Address \_\_\_\_\_  
City, State, Zipcode \_\_\_\_\_

Phone# \_\_\_\_\_

Email: \_\_\_\_\_

Account Type:  Visa  Mastercard  Amex  Discover

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

Account Number: \_\_\_\_\_

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

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

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 only, and is valid for the one time use only. I certify that I am the authorized user of this credit card and that I will not dispute the payment with my credit card company, as long as the transaction cooresponds with the terms.