



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 _____ Phone# _____
City, State, Zipcode _____
Email: _____

Account Type:	<input type="checkbox"/>	Visa	<input type="checkbox"/>	Mastercard	<input type="checkbox"/>	Amex	<input type="checkbox"/>	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.