



Credit Card Authorization Form

Directions:

1. Complete the entire form. Cardholder must sign on the line indicated.
2. Include a clear photocopy of the front & back of the credit card.
3. Email the completed documents to dispatch@cwofny.com or fax to (718) 981-5213.

Company Name:	
Cardholder Name:	
Credit card billing address:	
Telephone:	
Email Address:	
Credit card Number	
Type pf Card:	VISA Mastercard AMEX
Security Code (CVV):	
Expiration date:	
Amount authorized:	
Authorization valid to (date):	
Reason for Payment:	
Comments or Special Instructions	

As Cardholder, I also authorize Clean Water of New York, Inc. to charge my credit card for future services verbally approved by me

Cardholder's Signature:

Date: