



# Credit Card Authorization

Company Name: \_\_\_\_\_

Contact Phone Number: \_\_\_\_\_

Please mark the type of card that you authorize for this transaction:  Visa  MasterCard  AMEX

Bank name of credit card: \_\_\_\_\_

Bank phone number of credit card: (\_\_\_\_\_) \_\_\_\_\_

Credit card number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code: \_\_\_\_\_ (found on the back of your card)

Expiration date on credit card: \_\_\_\_\_ / \_\_\_\_\_ / \_\_\_\_\_

Credit Card Statement Address (Must match the address shown on credit card statement):

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone number of credit card holder: (\_\_\_\_\_) \_\_\_\_\_

Please charge this credit card for \$ \_\_\_\_\_ for today's purchase request.

I authorize this information to be kept on file for future use. \_\_\_ Yes \_\_\_ No

I authorize Merlin Information Services to charge my Credit Card for purchases of their products which include CD-ROM discs and Internet services, and to verify the billing address of my Credit Card with the issuing bank upon my signature. All information given above is complete and accurate.

Name of card holder: (signature): \_\_\_\_\_

Name of cardholder: (printed): \_\_\_\_\_

Date of signature: \_\_\_\_\_

<p><b>ACCOUNTING USE ONLY</b> Acct. # _____ Rep: _____ Date: _____</p>
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**Merlin Information Services**  
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