

Talk of the Town, LLC
Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> FSA/HSA. (Client is responsible for 3% convenience fee.)
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVC: _____
Cardholder Full address and ZIP Code (from credit card billing address): _____ _____
Cardholder email: _____
Cardholder phone: _____

I, _____, authorize Talk of the Town to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. I agree a 3% convenience fee will be added to all credit card transactions; client will be responsible to pay the 3% fee by cash or check if utilizing an FSA/HSA card.

Customer Signature

Date