



CREDIT CARD AUTHORIZATION FORM

To have your credit card charged for **Task Complete** services and/or for purchases made on your behalf, we **MUST** have the following signed statement on file. There is no surcharge for using credit cards as a form of payment.

Please choose which option(s) apply and sign on the appropriate line(s):

- A.** One time charge **B.** Ongoing charges **C.** Purchases only

A. I authorize **Task Complete** to bill my credit card account for a one time charge. I understand that if I need **Task Complete** to charge my credit card again for future services or purchases that I will need to sign another credit card authorization form.

Authorized signature: _____ Date: _____

B. I authorize **Task Complete** to charge my credit card for any charges for **Task Complete** services and purchases made on my behalf that I may accrue from day to day or any past due balances in order to bring the account in current status. This authorization is valid until revoked in writing.

Authorized signature: _____ Date: _____

C. I authorize **Task Complete** and/or any of their Employees/Independent Contractors to charge my credit card for any purchases made on my behalf at your establishment and to share the information necessary to complete the transaction. This authorization is valid until revoked in writing.

Authorized signature: _____ Date: _____

Circle Card Type: **Visa** **MasterCard** **Discover** **American Express** Exp Date: _____
Card Number: _____ Card Verification #: _____

If your credit card is a **Visa** or **MasterCard**, please provide the 3-digit CVV (Customer Verification Value). This is the non-embossed number printed on the signature panel on the back of the card immediately following the Visa or MC card account number.

If your credit card is an **American Express** card, please provide the 4-digit CID (Confidential Identifier Number). This is the 4 digit, non-embossed number printed above your account number on the face of your card.

Name (as it appears on the credit card): _____

Address where statement is received: _____

City: _____ State/Prov: _____ Zip: _____ Country: _____

Instructions

- **Please print out this form.**
- **Cardholder must fill in all information, including signature & date.**
- **A copy of the front and back of credit card must be included.**
- **A copy of the front of your driver's license must be included.**
- **Email completed form to Kelly@yourtaskcomplete.com.**