

Credit Card Billing Authorization Form

To Whom It May Concern,

I, **[Your Full Name]**, hereby authorize **[Merchant/Business Name]** to charge my credit card for the services/products as agreed upon.

Credit Card Information:

- Cardholder Name: **[Cardholder Name]**
- Card Number: **[Credit Card Number]**
- Expiration Date: **[MM/YY]**
- CVV: **[CVV]**

This authorization is valid until **[End Date]** unless I provide written notice to revoke it.

By signing below, I confirm that I am the authorized cardholder and agree to the billing terms.

Signature: _____

Date: _____

Thank you,

[Your Contact Information]