



Solutions

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**Credit Card Payment Authorization Form**

Sign and complete this form to authorize Drivex Solutions to Charge credit card listed below.

By signing this form, you give us permission to debit your American Express /MC/VISA Card/visa debit.

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**Please complete the information below:**

I \_\_\_\_\_ authorize **Drivex Solutions**  
(full name)  
to charge my credit card indicated below for Services Rendered.

Billing Address \_\_\_\_\_ Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover
Cardholder Name _____			
Card Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC) _____			

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services provided. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company.