



CREDIT CARD AUTHORIZATION FORM

Please provide **VITAC** with permission to accept and bill your charge card when services are rendered. Complete all fields, sign, date and return via fax or mail. If you have any questions, or to pay by phone, please call 720-489-5662 ext. 4687. All information is confidential.

Fax: 720-489-5664 Mail: VITAC - 8300 E. Maplewood Ave #310, Greenwood Village, CO 80111

Project Name: _____

Cardholder Name (as shown on card): _____

Company Name (if applicable): _____

Street Address: _____

City, State/Prov & Zip/Postal Code: _____

Phone Number: _____

Email: _____

Card Type: Visa MasterCard AmEx Discover

Charge Card No: _____ Expiration Date: _____

Security Code (3 digit number on the back of card, 4 digits for Amex): _____

I hereby authorize VITAC to charge my charge card the amount indicated on the invoice and understand that my charge card information will be held on file and kept confidential.

Authorization: I hereby authorize VITAC to charge the charge card indicated above. I agree that I will not dispute any charges from VITAC unless I have already attempted to rectify the situation directly with VITAC in good faith and those attempts have failed. I certify that I am the legal cardholder for this charge card, and that I am legally authorized to enter into this billing agreement with VITAC.

Signature of Cardholder: _____ Date: _____