



30-30 47<sup>th</sup> Avenue, Suite 535  
 Long Island City, NY 11101  
**MAIN:** 212.684.3600 | **FAX:** 212.684.3613

## Credit Card Authorization Form

*Please complete this form and fax to GSB Digital Accounts Receivable: 212.684.3613*

Company Name: _____	
Cardholder's Name: _____	
Billing Address: _____	City: _____ State: _____ Zip: _____
Phone: _____	
Card Type:	AMERICAN EXPRESS      VISA      MASTERCARD      DISCOVER
Credit Card #: _____	
CCV #: _____	CC Expiration Date: _____

<b><u>PLEASE COMPLETE APPROPRIATE SELECTION: EITHER "SINGLE PURCHASE" OR "RETAIN CARD ON FILE FOR FUTRE TRANSACTIONS"</u></b>	
<b><u>Authorization for Single Purchase Transaction: Yes / No</u></b>	
Total Amount Authorized to charge to Credit Card: _____	
Invoices Paid with Above Amount: _____	
<i>I authorize GSB Digital to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. 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; provided the transaction corresponds to the terms indicated in this authorization form.</i>	
_____	_____
<b>Cardholder's Signature</b>	<b>Date</b>
 <b><u>Authorization to Retain Card on File for Future Transactions: Yes / No</u></b>	
<i>I authorize GSB Digital to retain the credit card information indicated in this authorization form, for payment of future goods and services billed to my Company. I understand that the payment transaction will only be completed upon my verbal authorization or electronic communication provided to GSB Digital instructing processing of payment. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GSB Digital in writing of any changes in my account information or termination of this authorization at least 15 days prior to expiration. 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; provided the transaction corresponds to the terms indicated in this authorization form.</i>	
_____	_____
<b>Cardholder's Signature</b>	<b>Date</b>