



451 Old John Dodd Rd
 Boiling Springs, SC 29316
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www.bidslotprogram.com

Credit Card Authorization Form

CARDHOLDER INFO (if different from information provided in Sign Up Form)

Name: _____

Billing Street Address: _____

City: _____ State: _____ Postal Code: _____

Email _____

Direct Telephone: (_____) _____ - _____

One Time or Recurring

Bid Campaign

I authorize a one-time charge against my credit card for the follow amount \$ _____

I authorize a recurring charge against my credit card for the following amount

\$ _____ once every _____ day(s)/week(s)/month(s)/year(s) beginning

_____/_____/_____ and ending after _____ payments.

CREDIT CARD INFORMATION

Credit Card Type: MasterCard Visa American Express Discover Card

Number: _____

Expiration Month: _____ Expiration Year: _____

Cardholder Signature X _____ Date ___/___/___

Security Code: _____