

**CREDIT CARD AUTHORIZATION**

Credit Card Type (Circle One): VISA / MasterCard / American Express

Company Name: \_\_\_\_\_

Cardholder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Billing  
Address: \_\_\_\_\_

I, \_\_\_\_\_, authorize Blueline Services to charge the credit card listed above each month for services rendered. I understand that I will have until the 15<sup>th</sup> of each month to dispute any charges before my credit card is charged.

Please send a receipt each time the above credit card is charged to:

Fax: \_\_\_\_\_

or

Email: \_\_\_\_\_

Please return completed form to Accounting Manager.  
Email: [billing@blueline-services.com](mailto:billing@blueline-services.com)  
Fax: 801-595-8378.