

Credit Card Authorization Form

INSTRUCTIONS

1. Complete required fields (denoted with an asterisk) including credit card info and order details
2. Sign and date where indicated
3. Submit this form back via fax to **800-445-1279** or email to Accounting@ShareSquared.com

Order Details/Comments: _____

Invoice/PO/Reference #: _____

* **Cardholder Name:** _____

* **Card Type:** Visa MasterCard American Express

* **Card Number:** _____

* **Expiration Date:** _____ * **CVV Number:** _____ *(3-4 Digit Security Code)*

* **Billing Address:** _____

* **City:** _____

* **State/Province:** _____ * **Zip/Postal Code:** _____

* **Country:** _____

* **Phone Number:** _____

Email Address: _____

I authorize ShareSquared, Inc. to charge my credit card in the amount of:

\$ _____ *(U.S. Dollars)*

* **Printed Name:** _____

* **Signature:** _____

* **Date:** _____

SHARESQUARED INTERNAL USE ONLY

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTHORIZATION #