



## Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.  
All information will remain confidential

Name on Card: \_\_\_\_\_

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

Credit Card Type: \_\_\_\_\_ Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ AmEx

**Please note there is a  
5.5% cc processing fee.**

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

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

Card Identification Number: \_\_\_\_\_ (last 3 digits located on the back of the credit card)

Amount to Charge: \$ \_\_\_\_\_ (USD) *Please leave blank if we are making bookings for you and invoice has not yet been provided.*

I authorize Rock Consulting Inc. to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: \_\_\_\_\_

Date: Print \_\_\_\_\_

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

Telephone: \_\_\_\_\_

Office Use Only

Processed by: \_\_\_\_\_

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