



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION

Fax to: **404.705.6771** Or Email to: **billing@systemsavvy.com**

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard

(For Amex or Discover please process online at https://systemsavvy.com/ssi_payments.html)

Credit Card Number: _____

Expiration Date: _____

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

Amount to Charge: \$ _____ (USD)

I authorize System Savvy, Inc. to charge the approved amount listed above to my credit card provided herein. I am paying for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____

Dated: _____

Name: _____

**Once signed fax the completed form to 404.705.6771 or
Email the signed form to billing@systemsavvy.com**