

## **One Time Credit Card Payment Authorization Form**

Sign and complete this form to authorize AAA Capital Investment, Inc. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account. Also, there is no refund upon signing this form.

Please complete the information below:		
Iauthorize AAA	Capital Investment, Inc. to	o charge my credit card
(Full name)		
account indicated below for(Amount)	on or after(Date)	This payment is for
(Description of goods/services)	·	
BillingAddress	Phone#	<u> </u>
City, State, Zip	Email	
Account Type: Visa MasterCa	ard Discover	
Cardholder Name		
Account Number		
Expiration Date		
CVV2 (3 digit number on back of Visa/MC)		

Borrower signature DATE\_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.