



Credit Card Authorization Form

Company Name: _____

Name on the Credit Card: _____

Type of Credit Card: AMEX _____ Discover _____

Mastercard _____ Visa _____

Credit Card Number: _____

Expiration Date of Card: _____ / _____

CVC Code: _____

Amount Authorized to Charge: _____

Address where Credit Card Statements are sent:

By signing below, you as the credit card holder have authorized SJ Walkies to charge your credit card for all invoices and insurance deductions.

Cardholder Signature

Date: _____ / _____ / _____

Please provide legible copies of the credit card and the cardholders drivers license.