



Credit Card Payment Authorization Form

Card Type (Circle One):

Visa Mastercard Discover American Express

E#/Invoice #: _____

Credit Card Number: _____ **Expiration Date:** _____

Name on Card: _____ **CVV:** _____

Billing Address: _____ **Billing Zip Code:** _____

Company Name: _____

Primary Phone Number: _____

Invoice Amount: _____

I, _____, an authorized payee, authorize Excargo Services Inc. to charge the credit card above for the amount listed. I agree to pay, in addition, the convenience fee incurred, which is a fee set by Excargo's third party processor, and is independent of the invoiced amount. This fee is 3.5% of the invoiced amount.

Authorized Signature: _____

Date: _____

Please return completed and signed document to HDAllee@excargo.com