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- Add your digital signature
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Credit Card Authorization Form

Please send to attention: Internal Accounting Department
Email: AReceivable@gggllp.com
Mail: 150 Royall Street, Suite 102, Canton, MA 02021

Client Name _____

Client Number _____

Invoice Number _____

Amount Approved to Charge _____

Cardholder's Name _____

Billing Address _____

Phone Number _____

Email Address _____

Credit Card Type _____ Visa _____ Master Card _____ Discover _____ AMEX _____

Credit Card Number _____

Date of Expiration _____

Security Code _____

Card Holder Signature _____