**Credit Card Payment**



**Authorization Form**

Capital Confirmation, Inc.

214 Centerview Drive

Suite 265

Brentwood, TN 37027

**Audit Firm Name** Click here to enter text.

**Cardholder Name** Click here to enter text.

**Cardholder Email** Click here to enter text.

**Cardholder Phone** Click here to enter text.

**Cardholder Fax** Click here to enter text.

**Form of Card** Choose an item.

**Credit Card Type** Choose an item.

**Address**

(As it appears on credit card statement)

Click here to enter text.

Click here to enter text.

Click here to enter text.

Click here to enter text.

**Credit Card Number** Click here to enter text.

**Expiration Date** Click here to enter text.

Return the completed and signed form to Capital Confirmation, Inc. by fax at +1 (615) 376-7971 or mail to Capital Confirmation, Inc., Attention: Accounting, 214 Centerview Drive, Suite 265, Brentwood, TN 37027.

I acknowledge and authorize Capital Confirmation, Inc. to charge the credit card listed on this form for all charges associated with the Confirmation.com™ service utilized by my firm. I also verify that the information listed on this form is accurate and complete, and agree to provide Capital Confirmation, Inc. with updates regarding this credit card account.

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_/\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

**Cardholder Signature** **Date**