

Credit Card Payment Authorization

Please accept this as authorization for **Seymour Gardner & Associates (SG&A)** to process payment for the outstanding balance on the account of SG&A:

1. Single payment of \$ _____

Credit Card type _____

Card Number (16 digits) _____ - _____ - _____ - _____

Expiry date _____ / _____

Security code (three digits on back of card) _____

Name on card _____

Signature

Date

X _____
