



30-30 47th Avenue, Suite 535
 Long Island City, NY 11101
MAIN: 212.684.3600 | **FAX:** 212.684.3613

Credit Card Authorization Form

Please complete this form and fax to GSB Digital Accounts Receivable: 212.684.3613

Company Name:	_____			
Cardholder's Name:	_____			
Billing Address:	_____	City:	_____	State: _____ Zip: _____
Phone:	_____			
Card Type:	AMERICAN EXPRESS	VISA	MASTERCARD	DISCOVER
Credit Card #:	_____			
CCV #:	_____	CC Expiration Date:	_____	

PLEASE COMPLETE APPROPRIATE SELECTION: EITHER "SINGLE PURCHASE" OR "RETAIN CARD ON FILE FOR FUTURE TRANSACTIONS"

Authorization for Single Purchase Transaction: Yes / No

Total Amount Authorized to charge to Credit Card: _____

Invoices Paid with Above Amount: _____

I authorize GSB Digital to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form.

Cardholder's Signature _____
Date

Authorization to Retain Card on File for Future Transactions: Yes / No

I authorize GSB Digital to retain the credit card information indicated in this authorization form, for payment of future goods and services billed to my Company. I understand that the payment transaction will only be completed upon my verbal authorization or electronic communication provided to GSB Digital instructing processing of payment. I understand that this authorization will remain in effect until I cancel it in writing, and I agree to notify GSB Digital in writing of any changes in my account information or termination of this authorization at least 15 days prior to expiration. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; provided the transaction corresponds to the terms indicated in this authorization form.

Cardholder's Signature _____
Date