**CREDIT CARD AUTHORIZATION FORM**

**Please complete all fields.**

Customer Name:

Credit Card Billing Address:

Contact Telephone Number:

Credit Card Number:

Credit Card Type: [ ]  AMEX [ ]  VISA [ ]  MC [ ]  Discover

Expiration Date:

CVV (# on back of card):       (3 digits if VISA, MC or Discover. 4 digits if AMEX)

Customer Signature: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_ Date: \_\_\_\_\_\_\_\_\_\_

**A VALID CREDIT CARD IS THE ONLY FORM OF PAYMENT FOR MERIDIAN SERVICES. THE CUSTOMER’S NON-RECURRING CHARGES AND MONTHLY CHARGES WILL BE PAID VIA THE CREDIT CARD LISTED ON THIS AUTHORIZATION FORM. IT WILL BE THE CUSTOMER’S RESPONSIBILITY TO INFORM MERIDIAN OF ANY CHANGES TO THIS CARD. *Your credit card will be processed on or around the 12th of each month.***

