



Credit Card Charge Authorization Form

Company:

Contact Name:

Date:

Account #:

Bill to Address:

Phone:

E-mail:

Cardholder Name:

Card Type: American Express Visa

Discover Mastercard

Card Number: Exp:

Security Code:

Authorized Charges: Invoice # (s)

\$ Total Amount

I, the undersigned cardholder or authorized agent, authorize Barclay to charge the above listed credit card for the charges selected.

***All Future Transactions will be charged on this credit card unless otherwise notified in writing.**

Cardholder Signature: Date:

After completing and signing this form, please fax or e-mail to (908) 561-0302 or creditinfo@bbfyale.com. If you have any questions, please call us at (800) 248-9253.

Thank you for choosing Barclay!