Excel Solutions Inc
Phone: (855) 951-4499
www.excelsolutions.com

One-Time Credit Card Payment Authorization

Sign and complete this form to authorize Excel Solutions, Inc. to make a one-time debit to your credit card listed below.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only, and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I, _____, authorize Excel Solutions to charge my credit card account
(full name, authorized rep)

indicated below on or after _____. This is for _____.
(date) (description of goods/services)

Invoice Total $_____ †Is this amount greater than $999.99? ☐ **YES** ☐ **NO**

If **YES**, add 2.5% Convenience Fee: $_____ **TOTAL CHARGE** $_____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

_____ _____
Invoice Number Cardholder Name

Card Number

		/						

Expiration Date Security Code

_____ _____ _____
Signature Print Name Date

I authorize the above named business 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 (†plus a 2.5% Convenience Fee on all invoices over $999.99 paid by credit or debit card, calculated based on the invoice total indicated above), 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; so long as the transaction corresponds to the terms indicated on this form and Excel Solutions' terms and conditions of sale.