



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

The total charge to be applied to my credit card account is \$ _____.
(total charge)

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Account Type:		<input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> AMEX	<input type="checkbox"/> Discover																
Invoice/Order #		Cardholder Name																			
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Card Number																					
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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, 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.