SWIFT PRO LLC.
9705 NW 115th Way Medley, FL 33178
OFFICE: 9875 NW 115th Way Medley, FL 33178
(786) 282-1502 – (786) 200-8888

CREDIT CARD AUTHORIZATION FORM

Please complete the information below:

I, _____, authorize **SWIFT PRO LLC**. to charge my
(Full Name)

Credit Card indicated below for $ _____ (Additional 3% Processing Fee Will Be Charged).
(Amount)

☐ On the First (1st) Day Of Every Month.

☐ One Time Only.

This payment is for _____.
(Description of Goods/Services)

Billing Address: _____ Phone: _____

City, State, Zip Code: _____ Email: _____

Account Type **Visa** ☐ **Master Card** ☐ **AMEX** ☐ **Discover** ☐

Cardholder Name: _____

Account Number: _____

Expiration Date: _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX): _____

PLEASE INCLUDE CREDIT CARD AND DRIVER LICENSE'S COPY (FRONT AND BACK)

I authorize the above named business to charge my credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for goods/services described above, for the amount indicated above only, and is valid while receiving the services. 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 term indicated in this form.

Signature: _____ **Date:** _____