



## Credit Card Authorization Form

EMAIL OR FAX TO: CREDIT DEPARTMENT – [AR@MARKYS.COM](mailto:AR@MARKYS.COM) OR FAX: 305-758-0008

**Please complete all fields and return this completed form along with photocopies of your credit card and driver's license via email or fax to Optimus dba MARKY'S®. A processing fee of 3% will be applied to all payments made via credit card. This fee helps cover the costs associated with credit card processing. We appreciate your understanding and support.**

Company Name:		Phone # _____	
		Fax # _____	
Contact Name:			
E-Mail:			
<b>One Time Authorization:</b> <input type="checkbox"/> I, the undersigned, hereby authorize <b>MARKY'S®</b> to charge my credit card indicated below for the amount of \$_____ on _____. This payment is for the following Invoice # or Order #_____.			
<b>Recurring Authorization:</b> <input type="checkbox"/> I, the undersigned, hereby authorize <b>MARKY'S®</b> to keep my credit card on file to keep my credit card information on file for the purpose of charging future purchases.			
Authorization Valid Until _____/_____/_____		Initial Here: _____	
<b>Credit Card Information:</b>			
VISA <input type="checkbox"/>	MasterCard <input type="checkbox"/>	American Express <input type="checkbox"/>	Other <input type="checkbox"/> _____
Cardholder Name (as shown on card): _____			
Credit Card Number: _____ Expiration Date: ____/____/____ CVV _____			
Billing Address:		City, State, ZIP Code:	
I hereby authorize the above-named merchant to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods described above, in the amount specified.			
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, provided that the transaction corresponds to the terms indicated in this form.			
Cardholder Signature: _____ Date: _____			
Cardholder Printed Name: _____			