

Credit Card Authorization Form

Today's Date: _____
Amount Due: _____

Name on Card: _____
Card Number: _____
Type: Visa Mastercard American Express Discover
Expiration Date: ___/___ CVV2: _____

Billing Address: _____
City: _____ State: ___ ZIP: _____
Billing Phone # _____
Email (required): _____

The undersigned Customer agrees to allow the above credit card number to be charged for only the amount specified above. Digital Nuance and its credit card processor, PayPal may not disclose or otherwise use the information on this form for any purpose other than obtaining payment for the amount due as indicated. Digital Nuance shall not be liable for any charges incurred by the Customer in the event of a credit card decline. If the card should decline payment, Digital Nuance reserves the right to pursue all available legal recourse to obtain payment for services rendered.

Customer Signature: _____ Other Signer (if applicable): _____

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