



### One Time Credit Card Payment Authorization Form

Sign and complete this form to authorize **GUARDIAN FIRE, INC.** to make a one-time charge to your credit card listed below.

By signing this form you give us permission to charge 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 charges or credits to your account.

**Please complete the information below:**

I \_\_\_\_\_ authorize **GUARDIAN FIRE, INC.** to charge my credit card  
Full Name  
account indicated below for \$ \_\_\_\_\_ on or after \_\_\_\_\_ Date  
This payment is for  
\_\_\_\_\_  
Invoice Number

Billing Address \_\_\_\_\_ Phone \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type: <input type="checkbox"/> Visa	<input type="checkbox"/> MasterCard	<input type="checkbox"/> Discover	<input type="checkbox"/> American Express
Cardholder Name _____			
Account Number _____			
Expiration Date _____			
CVV2 (3 digit number on back of Visa/MC; 4 digit on front of American Express) _____			

**Signature** \_\_\_\_\_ **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, 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 in this form.