



# Credit Card Authorization Form

(After completing this form, please fax to the number shown below)

Office Name: \_\_\_\_\_

Name as it appears on the Credit Card: \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

We MUST have your correct BILL TO address for verification. This is the address where your monthly statements are sent. If any of the information is incorrect, it will delay the processing time. We will contact you if there are any problems.

Phone: \_\_\_\_\_ Email: \_\_\_\_\_

Credit Card Type:  VISA  MASTERCARD  DISCOVER

Credit Card No: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV (Security Code): \_\_\_\_\_

The security code is a 3 digit non-embossed number located on the signature panel on the back of your card immediately following the card account number.

**Please Check the appropriate boxes:**

- One-time charge only  
Authorized Amount: \$ \_\_\_\_\_
- Authorize Kairos to keep my credit card information on file for future payments.
- Place my account on Auto Pay (Credit card information will remain on file and statement balance will be charged on the 20th of every month.)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Please sign and return this form via fax to (714) 754-5452, Attn: Accounts Receivable**