



**Credit Card Authorization Form**  
*(One-time Payment)*

In order for Aberdeen Captioning, Inc. (Aberdeen) to accept and bill your credit card, please complete all fields below, sign, date, and fax to 949-858-4405. All information sent is strictly confidential and Aberdeen adheres to the highest standards for account data protection.

Business name/Personal name as it appears on credit card (CC):

\_\_\_\_\_

Billing address of CC: \_\_\_\_\_

\_\_\_\_\_

E-mail Address

*(Required for receipts):* \_\_\_\_\_

CC Type:     AMEX     Discover     MasterCard     VISA       *\*ATM cards are NOT accepted*

ONLY last four (4) digits of card number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_  
                                  mm            yy

**Authorization:**

**One-Time Use:** I hereby authorize Aberdeen to charge the indicated credit card the amount indicated below. One-time payment amount: \$ \_\_\_\_\_

I hereby authorize Aberdeen to charge the indicated credit card. I agree that this is a one-time charge that will be made as specified above. I will not dispute Aberdeen's one-time charge with my credit card issuer so long as the amount in question was for services rendered prior to my canceling my account in the manner required. I guarantee and warrant that I am the legal cardholder for this credit card and that I am legally authorized to enter into this one-time agreement with Aberdeen.

Signature of Cardholder: \_\_\_\_\_

Printed Name: \_\_\_\_\_

Title: \_\_\_\_\_

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