# credit card authorization form\* please print out and complete this authorization form and return to excel office services, inc.

Cardholder Name:

Billing Address:

Credit Card Type: Visa MasterCard Discover AMEX

Credit Card Number:

Expiration Date:

Card Identification Number (3 digits located on back of card, or 4 digits on front for AMEX):

By signing this form, you are authorizing Excel Office Services, Inc. to make a charge to the above listed credit card provided herein and to keep on record for future charges. You also agree that you will pay for these charges in accordance with the issuing back cardholder agreement.

Cardholder – Sign, Print name and Date below:

Signature:

Print Name:

Date:

Once signed, return the completed form to (email or address below):

[accountingteam@excelofficeservices.com](mailto:accountingteam@excelofficeservices.com)

Excel Office Services, Inc.  
13033 Yukon Ave.  
Hawthorne, CA 90250

\*A 3% fee will be assessed for all credit card transactions.