



**CREDIT CARD PAYMENT AUTHORIZATION FORM**

**PLEASE FAX OR E-MAIL TO: [TWCreditcards@tempworks.com](mailto:TWCreditcards@tempworks.com)  
(888)452.1890**

CREDIT CARD: CORPORATE \_\_\_\_ OR PERSONAL \_\_\_\_

CREDIT CARD TYPE (CHECK ONE): VISA \_\_\_\_ MASTERCARD \_\_\_\_

DISCOVER \_\_\_\_ AMERICAN EXPRESS \_\_\_\_

**PLEASE NOTE: A 3.00% PROCESSING FEE WILL BE ADDED**

CREDIT CARD NUMBER: \_\_\_\_\_

NAME EXACTLY AS IT APPEARS ON CARD: \_\_\_\_\_

\_\_\_\_\_  
*(Include Company Name if also on card)*

SECURITY CODE ON BACK OF CARD: \_\_\_\_\_  
*(Amex will have code on front of card)*

CARD EXPIRATION DATE: \_\_\_\_ (Month) \_\_\_\_ (Year)

COMPLETE BILLING ADDRESS OF CARD ACCOUNT:

\_\_\_\_\_  
*(Street, P.O. Box, Suite #)*

\_\_\_\_\_  
*(City, State, Zip Code)*

INVOICES TO BE PAID AT THIS TIME: \_\_\_\_\_

TOTAL AMOUNT TO BE CHARGED AT THIS TIME: \_\_\_\_\_

I agree to be charged the amounts mentioned herein in accordance with my cardholder agreement.

AUTHORIZED CREDIT CARD HOLDER SIGNATURE: \_\_\_\_\_

SIGNER'S CONTACT INFORMATION: \_\_\_\_\_ and \_\_\_\_\_

*(telephone number)*

*(e-mail address)*