# New York Executive Office, Inc.

280 Madison Avenue
New York, NY 10016
TEL: 1 212 685 8550 FAX: 1 212 386 5522
E-Mail: payments@nyoffice.com

## Credit Card Authorization Form

New York Executive Office Inc. is authorized to charge all services to the below credit card(as well as any subsequent credit cards provided to it). Charges will normally be charged monthly and will be represented on the monthly invoice.

Credit Card Number: _____

Expiration/Expiry Date: _____

Type:(please tick/check) ____American Express ____Discover
____JCB ____MasterCard
____Visa

Cardholder name(as embossed on the card): _____

Credit Card Verification Number_____ On the back of the card, find the last 3 digits. For American Express, the verification number is a 4 digit number printed on the front of the card. It appears after and to the right of the card number.

Cardholder relationship with the applicant(please tick/check):
____Owner/Principal/Director ____Employee
____Relative ____Friend/Associate

Cardholder Address(where statements are mailed to):

Address: _____

_____

City: _____ State/Province: _____

Postal Code: _____ Country: _____

Contact telephone number: _____

E-mail address: _____
(Only used to contact cardholder if we can not obtain an authorization)

Cardholder Signature: _____Date: _____