



THE DALLAS CLASSIC

# Credit Card Payment Authorization Form

**Please complete the information below:**

I \_\_\_\_\_ authorize Smooth Operator Inc, dba The Dallas Classic to charge my credit card account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_  
(amount) (date)

I understand that a 4% administrative fee will be added to this charge.

This payment is for \_\_\_\_\_.  
(description of goods/services)

Billing Address \_\_\_\_\_

Phone# \_\_\_\_\_

City, State, Zip \_\_\_\_\_

Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

SIGNATURE \_\_\_\_\_

DATE \_\_\_\_\_

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.