



Credit Card Charge Authorization

Pink Payroll

fax to 1-866-212-5570 or email

Company Services Provided to: _____

Name on Card: _____

Billing Address: _____

City/St/Zip: _____

Card Type: Visa MC Amex (No Discover)

Card No: _____

CRV (3): _____ **Amex (4):** _____ **Exp Date:** _____

Amount to charge one time authorization \$ _____

Reference _____

I agree to pay the charge listed above in accordance with my card issuer agreement, excepting that I agree to waive right to dispute charge with credit card company or processor and/or to request a chargeback from the same. I also agree that the billing address above is valid and that I am the authorized card holder for the above credit card. Furthermore, I agree to abide by the terms and conditions of the service provided by Pink Concepts, Inc, Cal One Financial, Inc or it's sister or authorized companies and individuals. All disputes must be made directly with company named above. Agree that fax copy is binding.

Name as it appears on card

Authorizing Signature

Date