



TEXAS CHALLENGE

Credit Card Payment Authorization Form

Please complete the information below:

I _____ authorize Smooth Operator Inc, dba Texas Challenge 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.