



CREDIT CARD AUTHORIZATION FORM

I, _____ authorize
Print as name appears on card
Eviva to charge the following Credit Card.

Company Name: _____

Name on Card: _____

Type of Card: _____

Card Number: _____

Expiration: _____ CVV Code: _____

Billing Address: _____

City: _____

State: _____ Zip Code: _____

Check One

I DO NOT want to keep this credit card on file. Use for this purchase only
Invoice(s) # _____

I agree for Eviva to keep this credit card on file for all future orders until further
notice.

Authorized Signature

Print Name

Date