

# Wrag-Time Vision Express, LLC

## Credit Card Authorization Form

Please use this form if you intend to use your credit/debit card to pay for your transaction(s) with Wrag-Time Vision Express, LLC

**Date:** \_\_\_\_\_

**Customer Name:** \_\_\_\_\_

**Please check type of card to be used:**

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

**CVC/CVV code:** \_\_\_\_\_

**Credit Card Number:** \_\_\_\_\_

**Name of Card Holder:** \_\_\_\_\_  
(Please enter name as it appears on your credit card)

**Expiration date:** \_\_\_\_\_

**Cardholder Telephone Number:** \_\_\_\_\_

**Cardholder Address:** \_\_\_\_\_

**Cardholder City/State/Zip:** \_\_\_\_\_

**I AUTHORIZE WRAG-TIME VISION EXPRESS, LLC TO CHARGE MY CREDIT CARD FOR THE FOLLOWING AMOUNT (including 3% surcharge fee):**

**Base Charge**           \$ \_\_\_\_\_

**3% Surcharge Fee**   \$ \_\_\_\_\_

**Total:**                 \$ \_\_\_\_\_

**CREDIT CARD HOLDER'S SIGNATURE** \_\_\_\_\_

**Pro or Invoice Number(s)** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Please email completed form to [Credit@WTVELLC.com](mailto:Credit@WTVELLC.com)**