**Credit Card Payment Authorisation Form**

Please send completed credit card payment form to support@apac.confirmation.com.

Audit Firm Name Click or tap here to enter text.

Cardholder Name Click here to enter text.

Cardholder Email Click here to enter text.

Cardholder Phone Click here to enter text.

Cardholder Fax Click here to enter text.

FORM OF CARD Choose an item.

­­­CREDIT CARD TYPE Choose an item.

Address as it Appears on  
Credit Card Statement

Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text. Click or tap here to enter text.

Credit Card Number Click or tap here to enter text.

Expiration Date Click or tap to enter a date.

I acknowledge and authorize Confirmation.com to charge the credit card listed on this form for all charges associated with the Confirmation.com™ service utilized by my firm. I also verify that the information listed on this form is accurate and complete, and agree to provide Confirmation.com with updates regarding this credit card account.

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**Cardholder Signature** **Date**