



# Credit Card Payment Authorization Form

Confirmation  
214 Centerview Drive  
Suite 100  
Brentwood, TN 37027

**Audit Firm Name**

**Cardholder Name**

**Cardholder Email**

**Cardholder Phone**

**Cardholder Fax**

**Form of Card**

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**Credit Card Type**

**Address**

(As it appears on credit card statement)

**Credit Card Number**

**Expiration Date**

Return the completed and signed form to Confirmation by email to [customer.support@confirmation.com](mailto:customer.support@confirmation.com) or by fax at +1 (888) 278-0383. You can also mail to Capital Confirmation, Inc., Attention: Accounting, 214 Centerview Drive, Suite 100, Brentwood, TN 37027.

I acknowledge and authorize Capital Confirmation, Inc. 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 Capital Confirmation, Inc. with updates regarding this credit card account.

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**Cardholder Signature**

**Date**