



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Last 4 digits of card on file: _____

Email associated with card: _____

Name on Card: _____

Billing address for card: _____

I, _____, authorize Confidence Analytics to charge my credit card above for agreed upon purchases per the terms checked below.

Automatically upon invoice of services

Upon my email confirmation to run the card. If selecting this option provide an additional phone and email for contact for payment authorization

Additional contact name: _____

Contact phone: _____

Contact emails: _____

****Please note that results may be delayed while pending authorization and run of cards on open invoices. To prevent any delays in results, please select the "Automatically upon invoice of services" option****

I understand that my information will be saved on file for future transactions on my account.

Customer signature

Date