







1504 Pennsylvania Ave SE, Washington DC 20003 ♦ P: (202) 546-5898 ♦ F: (202) 546-6020

Customer Credit Card Authorization

Customer Contact Information

Customer Name: _____
Company (if applicable): _____ Contact Name: _____
Address: _____ City/State/Zip: _____
Phone No. / ext.: _____ Fax No.: _____

Credit Card Information

Support Card Types:    
Credit Card Number: _____
Expiration Date: _____ Card Code: _____

Name and Billing Information associated with card (if different from above)
Name: _____
Address: _____ City/State/Zip: _____
Phone No. / ext.: _____ Fax No.: _____

One-time Amount to Charge: _____

Make this recurring? YES NO

Billing Frequency: ____ Monthly ____ Annually

The undersigned certifies that permission was asked and granted to process payments to DC Access.

Signature: _____ Date: _____

FOR OFFICE USE ONLY:
Accepted By: _____ **Date Accepted:** _____
*Original document will be on file in Finance