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CREDIT CARD AUTHORIZATION FORM

This form is for you to supply AirBud & B, LLC (“AirBud & B”) with credit card information to keep on file for the payment of all services and fees. A new form must be completed for each card kept on file. AirBud & B accepts Visa, MasterCard, Discover, and American Express.

Card Information:

Card Type (Circle): Visa / MasterCard / Discover / AmEx

Name on Card: _____

Card Number: _____

Expiration Date: ____/____ CVV Code (Security Code): _____ Billing Zip: _____

Cardholder Signature: _____

Please list anyone other than the cardholder that is authorized to use this credit card.

Name: _____

Date: _____

Cardholder Signature: _____

I hereby authorize AirBud & B to charge the credit card listed above for the payment of all services and fees. This credit card will be kept on file and will remain in effect until the expiration of the credit card account. Applicants may revoke this credit card on file by submitting a written request to the address at the top of this form. A new form must be submitted if any information such as credit card expirations or authorized users is amended. Applicant(s) agree(s) to pay the cost for any returned or challenged payments. Please refer to the Services Agreement for more information.

Client Signature: _____

Date: _____