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Credit Card Authorization Form

I, _____, hereby authorize Partnership ID Solutions, to charge my credit card account for any outstanding amounts owed to Partnership ID Solutions by the Company / Individual listed below. I certify that my credit card may be used to cover any and all amounts owed to Partnership ID Solutions until I revoke its use in writing. I also certify that all amounts owed to Partnership ID Solutions prior to the end of the business day in which Partnership ID Solutions receives my revocation letter may be charged to my credit card without contestation.

I further certify that by my signature below, I accept personal liability to Partnership ID Solutions for any amounts owed by the company listed below prior to Partnership ID Solutions' receipt of my credit card revocation letter. I acknowledge that Partnership ID Solutions' use of the security procedures issued by the PCI Security Standards Council is reasonable and accepted. I understand that as part of my security procedures, I will review my monthly charges upon receipt and promptly notify Partnership ID Solutions, in writing, of any erroneous or unauthorized payments.

As the credit card holder, I authorize Partnership ID Solutions to charge my credit card for all future amounts owed.

Credit Card Information

Full Legal Company Name	Name As It Appears On Credit Card
<input type="text"/>	<input type="text"/>
Type of Credit Card	Card Security Code (CSC)
<input type="checkbox"/> Visa	<input type="text"/>
<input type="checkbox"/> MasterCard	
<input type="checkbox"/> American Express	
<input type="checkbox"/> Discover	
Credit Card Number	Expiration Date
<input type="text"/>	<input type="text"/> / <input type="text"/>

Billing Information

Street Address		
<input type="text"/>		
City	State	Zip Code
<input type="text"/>	<input type="text"/>	<input type="text"/>
Phone Number		
<input type="text"/>		

Signature _____

Date _____

1611 Fannin St. Houston, TX 77002
713.695.9928
877.558.9928
PartnershipIDSolutions.com

You can return this form to Partnership ID Solutions
by faxing it to 713.853.0236

Partnership ID Solutions will keep all information entered
on this form strictly confidential.