



2400 Boston Street, Suite 102
Baltimore, MD 21224
410/522-5888
Fax 410/522-5889
www.vircity.us

CREDIT CARD AUTHORIZATION FORM

NAME ON CARD: _____

COMPANY NAME: _____

CARD BILLING ADDRESS: _____

CITY / STATE / ZIP: _____

TELEPHONE NUMBER: _____

EMAIL ADDRESS _____

CARD TYPE: VISA MASTERCARD AMEX

CARD NUMBER: _____

EXPIRATION DATE: _____ SECURITY CODE: _____

AMOUNT TO BE CHARGED: \$ _____

I CERTIFY THAT THE ABOVE INFORMATION IS CORRECT AND AGREE TO PAY ACCORDINGLY.

CARDHOLDER SIGNATURE: _____

DATE SIGNED: _____

Cards are processed around the 1st of every month and a receipt is sent via email.

If you have any questions regarding your charges, please contact us within five – (5) business days at 410-522-5888 or info@vircity.us.