



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: \_\_\_\_\_

I certify that the above information is correct and agree to pay accordingly. I understand that my card will be processed about the 1<sup>st</sup> of every month and that a receipt will be sent via email. If I have any questions regarding my charges, I will contact Vircity within five – (5) business days at 410-522-5888 or info@vircity.us.

CARDHOLDER SIGNATURE: \_\_\_\_\_

DATE SIGNED: \_\_\_\_\_