

CREDIT CARD AUTHORIZATION FORM

***YOURS, MINE, AND HOURS, INC.
P.O. Box 354
Hatfield, PA 19440***

***PHONE: (215) 778-3704
Fax: (215) 412-7689***

Name of Contact: _____

Name of Company: _____

Estimated Amount of Charges: _____

I authorize the following charges marked below to be billed to my credit card:

_____ *Personal Assistant and Concierge Services*

_____ *Client Expenses and Purchases made by concierge for client*

_____ *FedEx/Shipping Charges*

_____ *Business related office administrative work*

_____ *Other (Specify):* _____

Credit Card Type: _____ *Account #:* _____ *Sec. Code* _____

Expiration Date: _____ *Name on Card:* _____

Authorized Signature _____

_____ **Monthly Retainer Clients** may check here to authorize monthly payments of invoices to YMH. A receipt marked PAID will be sent to you within 48 hours of posting your credit card payment for services.

PLEASE NOTE: IF AN AUTHORIZATION IS PLACED ON A DEBIT OR CHECK CARD THE BANK WILL PLACE A **10 DAY** HOLD ON YOUR ACCOUNT FOR ESTIMATED DOLLAR AMOUNT.

Thank you.