



CREDIT CARD AUTHORIZATION FORM

Printed Name *(on credit card)*

Billing Address

City

State

Zip Code

Daytime Phone

Cell Phone

Credit Card Number _____ Expiration Date ____ / ____

Security Code _____

Type of Credit/Debit Card:



I, _____, hereby authorize Bridgeway Services, LLC, to charge my credit card in the amount of \$ _____.

Cardholder's Signature

Date

Mail or Fax to: Bridgeway Services, LLC
 Attention: Bookkeeping
 3985 Parkwood Road, Suite 109 – 144
 Bessemer, AL 35022
 (866) 477 – 9816 fax
 info@bridgewayalabama.com

Cards may be kept on file at your request. If a card is on file, we will continue to send e-statements as usual procedure. At receipt of e-statement, please respond via email, verifying the date and amount for which you want us to run your credit card.