AIKENS GROUP
Building Strong Relationships

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Winchester, VA 22604
(540) 667-3752
AikensGroup.com

CREDIT CARD AUTHORIZATION FORM

Today's Date: _____

I hereby authorize Aikens Group and any of its ownership entities to charge the attached credit card for the specified amount shown below plus a 5% surcharge. I understand that this amount will appear on my statement for the purposes of payment and amount verification.

☐ VISA ☐ MasterCard

Credit Card Number: _____
Expiration Date: _____ CVV: _____

Card Holder Name: _____
Billing Address of Card Owner: _____
City: _____ State: _____ Zip: _____

Amount to be Charged: $ _____

Card Holder Signature: _____ Date: _____