

# Concrete Visions, LLC

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## Credit Card Payment Authorization Form

Sign and complete this form to authorize **Concrete Visions LLC** to make a one-time debit, or to keep your credit card listed below on file.

By signing this form you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction or to keep your card on file as noted below, and does not provide authorization for any additional unrelated debits or credits to your account.

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### Please complete the information below:

I \_\_\_\_\_ authorize **Concrete Visions LLC** to charge my credit card  
(Full Name)  
account indicated below for \_\_\_\_\_ on or after \_\_\_\_\_. This payment is for  
(Amount) (Date)

Ground Penetrating Radar and/or Subsurface Investigation.  
(Description of Services)

Company Name \_\_\_\_\_ Phone# \_\_\_\_\_  
Billing Address \_\_\_\_\_ Fax# \_\_\_\_\_  
City, State, Zip \_\_\_\_\_ Email \_\_\_\_\_

Account Type:  Visa  MasterCard  AMEX  Discover

Cardholder Name \_\_\_\_\_

Account Number \_\_\_\_\_

Expiration Date \_\_\_\_\_

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) \_\_\_\_\_

One Time Use Only \_\_\_\_\_ (Yes/No) -or- Keep On File For \_\_\_\_\_ (Weeks/Months)

SIGNATURE \_\_\_\_\_ DATE \_\_\_\_\_

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the services described above. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.