

# Staff Recruiting

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## Dental Jobs Colorado, Inc.

### Credit Card Payment Authorization Form

#### Authorization Agreement

Print Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

I hereby authorize Dental Jobs Colorado, Inc. to process credit card payments from the company and credit card named below. I understand credit card payments will not be processed without my authorization. Authorization shall be acknowledged by my signature in the appropriate space below.

Further, I agree not to hold Amy Kirsch & Associates, Inc. responsible for any delay or loss of funds due to incorrect or incomplete information supplies by me or by my financial institution or due to an error on the part of my financial institution in depositing funds to my account.

#### Account Information

Credit Card Company: \_\_\_\_\_ VISA                      MC                      (Circle One) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ CVV: \_\_\_\_\_

#### Signature

\_\_\_\_\_ Date: \_\_\_\_\_