



**Credit Card Payment Authorization Form**

**\*In order to process your transaction securely and accurately, please complete this entire form**

**Check One:    Visa                    MasterCard                    Discover                    American Express**

Date: \_\_\_\_\_ Email address: \_\_\_\_\_

Transaction receipt will be sent via e-mail to this address

Customer Name: \_\_\_\_\_

Name (as it appears on your credit card): \_\_\_\_\_

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

\*Address must be your credit card billing address                    **City**                    **State**                    **Billing Zip Code**

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security verification# \_\_\_\_\_ **(REQUIRED)**

\*3 or 4 digit verification code on back of card

Cardholder

Name: \_\_\_\_\_ Signature: \_\_\_\_\_

I authorize Paradiso Water Co to charge my credit card for a one-time charge for:

Invoice # or Statement date: \_\_\_\_\_ in the amount of: \$ \_\_\_\_\_

Upon my verbal or written notification, I authorize Paradiso Water Co to charge my credit card on file.

I authorize Paradiso Water Co to enroll me in the Auto Pay Program. To keep my credit card information on file to be charged monthly for the previous months transactions.

**Please email or mail completed and signed form to:**

[Sales@ParadisoWaterCo.com](mailto:Sales@ParadisoWaterCo.com)

Phone: (405) 366-1344

Paradiso Water Co.

Attn: Chancey Jones

2451 Van Buren

Norman, OK 73072