



## CREDIT/DEBIT CARD AUTHORIZATION FORM

**I hereby authorize Barter Network to charge all cash transaction fees, monthly administrative fees and any other fees due and payable by me as a member of Barter Network to the credit card I have indicated below.**

Barter Network Account Name: \_\_\_\_\_

American Express     Master Card     Visa     Discover

Credit Card Account #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Card Member Name: \_\_\_\_\_  
*(Please Print exactly as it appears on your credit card)*

Confirming Email address: \_\_\_\_\_

### Billing address as it appears on your credit card statement

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

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

Card Member Signature: \_\_\_\_\_ Date: \_\_\_\_\_

*Authorization will remain in effect, unless cancelled in writing via certified mail 15 days prior to the next statement date.  
\*If a current credit card cannot be provided for payment, all trading will be put on hold until Barter Network receives a valid credit card. Barter Network Terms and Conditions apply to all cardholders.*

**Upon completion please fax back to 203 878-8408. Thank you.**

### For Inner Office Use Only

Received on \_\_\_\_\_ Processed By \_\_\_\_\_

New Account     New Card for an Existing Account