



Central Pro Services, Inc.
500 Clements Bridge Road
Barrington, NJ 08007
(609) 496-9436

Credit Card Authorization Form

Please complete all fields and email the signed form to accounting@centralproserv.com.

You may cancel this authorization at any time by contacting us at (609) 496-9436.

Job Information
Job Name: _____
Job Address: _____
Scope of Work: _____
Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX
Cardholder Name (as shown on card): _____
Billing Address: _____
Billing Address (continued): _____
Card Number: _____
Expiration Date (mm/yy): _____ CVV: _____
Cardholder ZIP Code (from credit card billing address): _____

**** A PROCESSING FEE OF 2.5% APPLIES TO ALL CREDIT CARD TRANSACTIONS ****

I authorize Central Pro Services, Inc. to charge my credit card above for the agreed upon services. I understand that my information may be saved on file for future transactions utilizing a secure token system.

Customer Signature

Date