



Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us at carol@baprod.com or heather.smith@baprod.com. This authorization will remain in effect until cancelled.

Credit Card Information

Card Type:

- ☐ MasterCard
- ☐ VISA
- ☐ Discover
- ☐ AMEX (+3.5% processing fees)

Cardholder Name (as shown on card): _____

Card Number: _____

Expiration Date (mm/yy): _____

Cardholder ZIP Code (from credit card billing address): _____

Email address if receipt required (if receipt is not required please leave blank):

I, _____, authorize B/A Products Co. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to a secured file for future transactions on my account.

Customer Signature

Date