



TCM Consulting Credit Card Authorization and Agreement

TCM Consulting is happy to accept your credit card as payment for services rendered, products purchased, and reimbursement for expenses incurred.

This document is to define the terms of our agreement under which we accept your credit card so as to protect you and us against fraud and/or abuse as a result of our acceptance of your credit card. This agreement will remain in effect until rescinded in writing by either party or superseded by a new agreement.

By signing below and submitting your credit card as payment to TCM Consulting, you affirm and agree to the following:

I, (print name) _____ of (company) _____ hereby authorize TCM Consulting to charge my credit card as specified below. I understand that any information I provide here is strictly confidential and will be securely maintained by TCM.

Further, I understand and agree that while TCM always endeavors to provide the best service possible, this payment is for work performed (i.e., labor), products delivered, and/or reimbursement of expenses incurred, not payment for a particular result or product function. Therefore, I understand and agree that I will not dispute or otherwise attempt to challenge any charges with my credit card company due to subsequent dissatisfaction with the result of services performed or products delivered.

You may choose to supply your credit card information manually for each transaction, or you may furnish us with credit card information for us to keep “on file” which we will use to charge your card upon your direction to do so. *Your card will never be charged without specific individual transactional approval by you or those you authorize below.* You will be sent an email receipt of all transactions.

E-Mail address: _____

I am furnishing my credit card information for *one-time use only* to pay invoice(s): _____
 I understand a new authorization form will need to be completed and submitted for any future credit card payments.

I want to keep the following credit card information “on file” so I can authorize payments to TCM Consulting via this credit card without having to furnish the information each time. I understand my card will never be charged without specific individual transactional approval by me or those I authorize below.

Full Name on Credit Card:		Phone:	
Complete Billing Address:			
Card Number:	Card Type (Brand):	Expiration Date:	Security Code:
Names of Individuals Authorized to Make Charges (“on file” only):			

I have thoroughly read, understand and agree to all the above.

Signature: _____ Date: _____

(Please return this form to TCM by hand, fax, or U.S. Mail.)