Credit Card Payment Authorization Form

Sign and complete this form to authorize iGas-USA, Inc.to make a onetime debit to your credit card listed below.

By signing this form, you give us permission to debit your account for the amount indicated on or after the indicated date. This is permission for a single transaction only and does not provide authorization for any additional unrelated debits or credits to your account.

Please complete the information below:

I _____ authorize iGas-USA, Inc. to charge my credit card account
(Full Name)

indicated below for _____ on or after _____. This payment is for
(Amount) (Date)

_____.
(Description of Goods/Services)

Company Name_____

Billing Address _____ Phone# _____

City, State, Zip _____ Email _____

Invoice/PO _____

Account Type: ☐ Visa ☐ MasterCard ☐ AMEX ☐ Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV/CVC _____

SIGNATURE _____ DATE _____

I authorize the above-named business to charge the credit card indicated in this authorization form according to the terms outlined above. By signing above, I agree that all sales are subject to iGas USA, Inc. Terms & Conditions (https://www.igasusa.com/terms-and-conditions-of-purchase). This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company so long as the transaction corresponds to the terms indicated in this form.

iGas-USA, Inc
8105 Anderson Rd
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