



Credit Card Phone Authorization Form

Date _____
Type of Card _____
Cardholder Name (print) _____
Account Number _____
Expiration Date _____
Billing Address _____
Billing City/State/Zip _____
Daytime Phone Number _____
Evening Phone Number _____

By signing this authorization form, I authorize the East Central Ohio Building Authority, located at 339 Oxford Street, Dover, Ohio, 44622, to charge the credit card designated above for payment of the specified dollar amount for goods and services itemized below. I understand that all goods and services provided by the E.C.O.B.A. are non-refundable and that all sales are final.

Total Charges _____

For the Payment of _____

Signature _____ **Date** _____

IMPORTANT: This authorization must include a copy of the front and back of the designated credit card to be charged, as well as a copy of the cardholder's official photo identification (valid driver's license, state identification card or passport).