



699 Middle Street, Middletown, CT 06457

(203) 641-0272

info@gofst.com

## CREDIT CARD AUTHORIZATION

Card Type:     MasterCard     Visa     Discover     AMEX  
 Other \_\_\_\_\_

Cardholder Name (as shown on card): \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration Date (mm/yy): \_\_\_\_\_ CVV# \_\_\_\_\_

Cardholder Zip Code (from credit card billing address) \_\_\_\_\_

I, \_\_\_\_\_, authorize **GoFast Solutions LLC** to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature \_\_\_\_\_ Date \_\_\_\_\_

\*You may cancel this credit card authorization at any time by contacting us. This authorization will remain in effect until canceled.