



**Three Four Open the Door LLC.**  
329 Wilton Road  
Westport, CT 06880  
Tel. 203-454-1924  
Fed ID# 06-1439637

### Credit Card Authorization Form

Credit Card Holder Name : \_\_\_\_\_

Billing Address: \_\_\_\_\_ City: \_\_\_\_\_

State, Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

Email Address: \_\_\_\_\_

#### Card Information

Card Type (Visa, Mastercard or Discover Only): \_\_\_\_\_

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

CVC Number: \_\_\_\_\_

One time Payment   
Recurring Monthly Payment  Amount: \$ \_\_\_\_\_

I hereby acknowledge that the information contained herein is accurate.  
I hereby authorize 3,4 Open The Door, LLC. To charge my credit card in the amount specified above for services rendered per the terms of cardholder's contract with 3,4 Open The Door, LLC.

Cardholder's Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**Not For Use With Debit Cards**