

Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

| Credit Card Information | | | |
|---|--------------------------------------|--|---|
| Card Type: | <input type="checkbox"/> MasterCard | <input checked="" type="checkbox"/> VISA | <input type="checkbox"/> Discover <input type="checkbox"/> AMEX |
| | <input type="checkbox"/> Other _____ | | |
| Cardholder Name (as shown on card): | Devon Lee | | |
| Card Number: | 1234 5678 9876 5432 | | |
| Expiration Date (mm/yy): | 12/25 | | |
| Cardholder ZIP Code (from credit card billing address): | 12345 | | |

I, Devon Lee, authorize Appian 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.

| | |
|--------------------|-------------------|
| <u>Devon Lee</u> | <u>04/19/2023</u> |
| Customer Signature | Date |