



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Order/Invoice Number _____

Amount to be Charged _____

All Payments will be processed within 24 hours of receipt of this form

**By signing this form, you authorize _____
to charge your card for the amount listed above.**

Signed: _____

Date: _____