



Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa ___ MC ___ AmEx ___ Discover ___ Other ___

Card Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

Invoice Number _____

Amount to be Charged _____

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

Signed: _____ Date: _____

Please Note There is a 4% Fee for Each Transaction.