**Credit Card Authorization Form**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US.

All information will remain confidential.

|  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Cardholder Name: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Billing Address: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Credit Card Type: | | |  | Visa |  | Mastercard | | |  | Discover |  | | AmEx |
|  | | |  |  |  |  | | |  |  |  | |  |
| Credit Card Number: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Expiration Date: | | |  | | | | | | | | | | |
|  | | |  | | | | | | | | | | |
| Card Identification Number (last 3 digits located on the back of the credit card): | | | | | | | | | | | |  | |
|  | | | | | | | | | | | |  | |
| Amount to Charge: $ | | |  | | | (USD) | | | | | | | |
|  | | |  | | |  | | | | | | | |
| I authorize | |  | | | | to charge the agreed amount listed above to | | | | | | | |
| Credit card provided herein. I agree that I will pay for this purchase in accordance with issuing bank cardholder agreement. | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Cardholder – Print Name, Sign and Date Below: | | | | | | | | | | | | | |
|  | | | | | | | | | | | | | |
| Signed: |  | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | |
| Date: |  | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | |
| Name: |  | | | | | | |  | | | | | |
|  |  | | | | | | | | | | | | |
| Once signed return the completed for to: | | | | | | | | | | | | | |
|  | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |
|  | | | | | | |  | | | | | | |