**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: |
|  |  |
|  |  |
|  |  |