



PLEASE INCLUDE A PHOTOCOPY OF THE FRONT & BACK OF THE CREDIT CARD AS WELL AS A MATCHING PHOTO I.D.

## CREDIT CARD AUTHORIZATION

Card Holder Name: \_\_\_\_\_

Card Holder Billing Address: \_\_\_\_\_

\_\_\_\_\_ Zip Code: \_\_\_\_\_

Card Holder Telephone Number: \_\_\_\_\_

Card Number: \_\_\_\_\_

\_\_\_\_\_ Visa \_\_\_\_\_ M/C \_\_\_\_\_ AMEX \_\_\_\_\_ Discover Exp: \_\_\_\_/\_\_\_\_ CVV: \_\_\_\_\_

I (card holder) agree to pay all charges according to the card issuer agreement.

Card Holder Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Authorized personnel allowed to charge on account:

1. \_\_\_\_\_ 2. \_\_\_\_\_

3. \_\_\_\_\_ 4. \_\_\_\_\_