



# Credit Card Authorization Form

To: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Pages: \_\_\_\_\_

From: \_\_\_\_\_  
 Fax: \_\_\_\_\_  
 Date: \_\_\_\_\_

Acct. #: \_\_\_\_\_  
 Amt: \$ \_\_\_\_\_

Invoices: \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

VISA                      MC                      DISC                      AMEX

3 Digit Security Code (back of card): \_\_\_\_\_  
 4 Digit AMEX Code (front of card): \_\_\_\_\_

Card #: \_\_\_\_\_ Exp: \_\_\_\_\_

Signature: \_\_\_\_\_

*Reminder: We can not process your payment without signature*

I hereby authorize the use of my credit card for payment on the above transaction.

Card Holders Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Address: \_\_\_\_\_

*Billing address to the card*

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_

Phone #: \_\_\_\_\_ Fax: \_\_\_\_\_

DISCOUNTS ARE NOT ALLOWED ON CREDIT CARD PAYMENTS