

Credit Card Authorization Form

Office use:	
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Please complete and fax back to the number shown at the bottom of this form. **Please note**, that you may be required to send us a copy of the front and back of your credit card including a copy of your driver's license if requested. All information on this form will be verified with your credit card company, and your transaction will be *DECLINED* if there are any discrepancies.

NAME APPEARING ON CREDIT CARD _____

ADDRESS (WHERE YOUR STATEMENT IS BIENG MAILED) _____

CITY _____ STATE _____ ZIP _____

PHONE NUMBER (NUMBER THE CREDIT CARD COMPANY HAS ON FILE) _____

NAME OF INSTITUTION ISSUING THE CARD _____

PHONE NUMBER OF INSTITUTION ISSUING THE CARD _____

CREDIT CARD NUMBER _____

EXPIRATION DATE _____

CARD VERIFICATION NO. (3 DIGIT NO. ON BACK OF YOUR CARD) _____

AMOUNT TO BE CHARGED \$ _____

INVOICE NUMBER/ORDER NUMBER _____

By signing below, you acknowledge that you are the Cardholder or an authorized Cardholder on the above account, that you agree to pay the above amount according to card issuer agreement, and the AGREEMENT on file.

AUTHORIZED SIGNATURE _____ DATE _____

PRINT NAME _____

COMPANY NAME _____

[We accept Visa, Master Card & AMEX]