

# CREDIT CARD AUTHORIZATION FORM

- 1. **Fill out** the form below.
- 2. **Print out** the form, and sign it in the space provided.
- 3. **Photocopy** the front and back sides of your credit card, as well as your driver's license or photo I.D.
- 4. **Fax** the completed form and the photocopies to  
877-883-3348 Attn: Accounting.

Name:

Card Billing Address:

Billing Address Line 2:

City:

State:  Zip:

Phone Number:

Card Number:  CCV:

Expiration Date:

Name on Card:

I authorize  U.S. Dollars to be charged to the above credit card.

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

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