

CREDIT CARD AUTHORIZATION FORM

***IMPORTANT:** Customer Billing information **MUST** match the information associated with the credit card or the transaction will not be allowed to proceed! All fields must be completed. Thank You!

Selected Payment Method

American Express _____ Discover _____ Mastercard _____ Visa _____

Card Number _____

Expiration Date (mmyy): _____ Security Code: _____

Amount: \$ _____

Customer Billing Information:

First Name (As it appears on card) _____

Last Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip: _____

Phone (associated with card): _____ Fax: _____

Email for confirmation receipt: _____

Authorized Signature: _____ Date: _____

Please complete and fax to 570-282-6272