

# CREDIT CARD AUTHORIZATION FORM

Please fill out complete form for processing

## Your Information:

Name	Account
Address	City, State, Zip
( )	
Phone number	Email

## Credit Card Information:

Credit Card Type:  VISA  MASTERCARD  AMEX

Credit Card Number \_\_\_\_\_ Expiration Date \_\_\_\_\_

Name on Card \_\_\_\_\_

Total Amount to Charge \_\_\_\_\_

Security Code (Visa/MC: 3 digit code after account number on back of card; AMEX: 4 digit code on front of card)

Choose One:  Existing Open Balance  Deposit on Purchase

Existing Balance:	Invoice #	Amount
	_____	\$ _____
	_____	\$ _____
	_____	\$ _____

Yes! Please set me up on recurring (Automatic deduction from Credit Card)

Start Date for Automatic Deduction: \_\_\_\_\_ End Date: \_\_\_\_\_

Signature of Authorized User: \_\_\_\_\_

**Fax directly to 803 396.2842.**