



CREDIT CARD AUTHORIZATION FORM

Authorization Agreement

I, _____ hereby authorize the use of my credit card.

Customer ID: _____

Name of Business: _____

Name on Card: _____

Billing Address: Street / Apt # / Unit #

_____ Billing Address: City, Province, Postal Code

Phone Number: _____

Account Information

Credit Card Type: (check one) PURCHASE ORDER #_ALL_____

Visa

INVOICE #_ALL_____

MasterCard

American Express

Card Number # _____ Expiration Date (mmyy): _____

3 Digit Security Code: _____

Signature

I hereby certify that all of the information contained here within is accurate and may be used as payment for sales now and in the future.

_____ Date: _____
(Authorized Signature)