



Credit Card Authorization Form

Customer Information

Date of Request: _____ **Customer Name:** _____
DL State & #: _____ **Attention:** _____
Fax #: _____

Credit Card Information

Name on Card: _____

Billing Address: (address where credit card statement is mailed)

Card Type: (Check one) American Express Visa MasterCard Discover

American Express #: _____

Visa/MC/Discover #: _____

Expiration Date: _____ **Amount of Charge:** _____

Invoices to Pay

Contract Number	Amount	Contract Number	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

I hereby authorize payment of this account with the credit card listed above.

Signature of Cardholder _____ **Printed Name of Cardholder** _____

Office Use Only

Authorization: _____ Routing #: _____ Date: _____

CONFIDENTIALITY NOTICE

The documents accompanying this telecopy transmission contain confidential information belonging to the sender which is legally privileged. The information is intended for the use of the individual or entity named above. If you are not the intended recipient, you are hereby notified that any disclosure, copying, distribution or the taking of any action in reliance on the contents of this telecopy information is strictly prohibited. If you have received this telecopy in error, please immediately notify us by telephone to arrange for the return of the original documents to us.