

CREDIT CARD AUTHORIZATION FORM

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

I, the undersigned agree, understand and authorize the amount shown above to be charged to my credit card for the items shown on the referenced order.

These items are being purchased by me for:

_____ (print full name of "Third Party").

I understand these charges will appear on my credit card statement under the name of

_____ and I accept full financial responsibility for payment

of this order.

I agree payments are non-refundable and services / merchandise on the attached invoice have been rendered / delivered to my satisfaction.

Further I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.

.Signature of Cardholder: _____

Date Signed: _____