

# CREDIT CARD AUTHORIZATION FORM

CARD TYPE:



CREDIT CARD NUMBER: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_ AMOUNT TO BE CHARGED \$ \_\_\_\_\_

COMPLETE MAILING ADDRESS

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CITY: \_\_\_\_\_ STATE \_\_\_\_\_ ZIP \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

AUTHORIZED SIGNATURE \_\_\_\_\_

Email Address: \_\_\_\_\_

Description of what is being paid for: