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Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information				
Card Type:	□ MasterCard	□VISA	□ Discover	□ AMEX
	□Other			
Cardholder Name (as shown on card):				
Card Numbe	r:			
Expiration Date (mm/yy):				
Cardholder ZIP Code (from credit card billing address):				
I,				
Customer Si	gnature	Date		