



CREDIT CARD PAYMENT AUTHORIZATION FORM

Date _____

To: _____

From: _____

Ph # _____

Ph # _____

Fax _____

Fax _____

Please use this form as our written authorization to charge the credit card listed below:

Account Name _____ Account # _____

Name as it appears on Credit Card:

Credit Card Billing Address:

Street _____

City _____ Zip _____

Credit Card Account # _____ Exp. Date _____

Credit Card Verification # (3 to 4 digit # on back of card) _____

Dollar Amount to Charge \$ _____

Type of Account MasterCard ___ Visa ___ Amex ___ Disc ___

Authorized Signature _____

Apply Credit Card Payment to the following Invoices:

Invoice #	Amount	Invoice #	Amount
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

*****NO PROCESSING FEE*****