

Credit Card Authorization Form

Please complete all fields. This authorization will remain in effect until cancelled.

Card type (circle one):	MasterCard Visa Discover AmericanExpress Other
Cardholder name	
Card number	
Expiration date (mm/yy)	
Billing address with zip code	

I authorize Boston Laser Tech (Blazer-Tech) to charge my credit card for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

Customer Signature

Date