

Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN WITH COPY OF THE CARD AND DRIVER LICENSE.

All information will remain confidential

Name on Card: _____

Billing Address: _____

Credit Card Type:

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____ (last 3 digits located on the back of the credit card for Visa, MC or Discover) OR (4 digit printed number on the front of AMEX cards)

Amount to Charge: \$ _____ (USD)

I authorize _____ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature _____

Date: _____

Printed Name _____