

Credit Card Authorization Form

Mastercard Visa Discover Total Fee Amount \$ _____

Card number _____ - _____ - _____ - _____

Expiration date ____ / ____ Three digit security code on back of card _____

Signature _____

Name printed on the card _____

Billing Address _____

City _____ State _____ Zip _____

The card issuer is authorized to pay the amount indicated above upon proper presentation. I acknowledge receipt of goods and services in the amount above. I affirm my obligations under the Cardmember agreement.

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