



**CREDIT CARD AUTHORIZATION FORM**

DATE: \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

CREDIT CARD TYPE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

3 OR 4 DIGIT CODE: \_\_\_\_\_

AMOUNT (\$): \_\_\_\_\_

AUTHORIZED SIGNATURE: \_\_\_\_\_

Please fill out this authorization form and fax it back to **305-513-0419** for processing.