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## Credit Card Authorization Form

Complete and return via facsimile to the appropriate office noted above. We will be unable to process an incomplete form.

**Please Print Clearly**

Card Holder Name: \_\_\_\_\_

Company Name: \_\_\_\_\_

Billing Address of Credit Card: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Credit Card Number (Visa or Mastercard): \_\_\_\_\_

Expiry Date: \_\_\_\_\_ Security Code (from back of card): \_\_\_\_\_

I hereby certify that I am the card holder of record for the above card and request payment for invoice number(s) \_\_\_\_\_ in the amount of \$\_\_\_\_\_ be charged to the above noted credit card.

Signature of Card Holder: \_\_\_\_\_

Date: \_\_\_\_\_