



### Authorization of Credit Card Usage Form

To: \_\_\_\_\_

Invoice number: \_\_\_\_\_

Fax #: \_\_\_\_\_

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

Please attach the front side of your  
**CREDIT CARD HERE**

Please attach the front side of your  
**DRIVER LICENSE HERE**

Card No: \_\_\_\_\_ CSV Code \_\_\_\_\_ Exp. Date \_\_\_\_\_

**Card Billing Address:**

Name \_\_\_\_\_

Tel # \_\_\_\_\_

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

Bank Service 1-800 - \_\_\_\_\_

Address: \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

I hereby authorize \_\_\_\_\_ to use my card for purchases of  
( Products/Services ) at \_\_\_\_\_ for the maximum amount of  
\$ \_\_\_\_\_ per transaction until \_\_\_\_ / \_\_\_\_ / \_\_\_\_ (mm/dd/yy).

\_\_\_\_\_  
Cardholder's Printed Name

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date

Your order will not be processed until this form is returned.  
All information is confidential and will not be used for other purposes except as stated on this form.

For Office use only: Bank verification: Yes \_\_\_\_\_ No \_\_\_\_\_ By: \_\_\_\_\_