



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: _____