

# AUTHORIZATION TO CHARGE CREDIT CARD

Date: / /

Name as it appears on card (Please Print): \_\_\_\_\_

Credit Card Billing Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_

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

Credit Card #: \_\_\_\_\_

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

Amount Authorized\*:\$ \_\_\_\_\_

Signature of Cardholder: \_\_\_\_\_