



Credit Card Form

Please complete the information below:

Name on Credit Card: _____

Billing Address: _____

Telephone #: _____

City, State, Zip: _____

Ship To Name: _____

Shipping Address: _____

Telephone #: _____

City, State, Zip: _____

Account Type: Visa MasterCard AMEX Discover

Cardholder Name _____

Account Number _____

Expiration Date _____

CVV2 (3 digit number on back of Visa/MC, 4 digits on front of AMEX) _____

Total Purchase Amount: _____

I authorize the above named business to charge the credit card indicated in this authorization form according to the terms outlined above. This payment authorization is for the goods/services described above, for the amount indicated above only, and is valid for one time use only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company; so long as the transaction corresponds to the terms indicated in this form.

SIGNATURE: _____ DATE: _____