

**FROM: Brownie Points LLC**  
**5712 Westbourne Avenue, Columbus, Ohio 43213**  
**(614) 860-8470 Fax (614) 860-8477**  
**LBerliner@BrowniePointsInc.com**

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

**RE: Credit Card Authorization Form,**  
**Complete and Return via Fax to (614) 860-8477 Attn: Lisa Berliner**

**Page: 1 of 1**

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### CREDIT CARD INFORMATION

**CUSTOMER NAME:** \_\_\_\_\_ **INVOICE #** \_\_\_\_\_

**COMPANY NAME:** \_\_\_\_\_

\_\_\_\_\_ Mastercard \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Discover

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

**CSC (a.k.a. CVV2/CVC2/CID) 3 or 4 Digit Number:**

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**Expiration Date:**

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 (Month/Year) **Amount: \$** \_\_\_\_\_

**Name on the Card:** \_\_\_\_\_

**Billing Address for the Credit Card:** \_\_\_\_\_

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**Phone #:** (     ) \_\_\_\_\_

**Signature:** \_\_\_\_\_

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