



Account #: \_\_\_\_\_

### Credit Card Authorization Form

We need to have the exact billing name, full address and phone number for the credit card on file, *exactly as it appears on your monthly credit card statement*, in order to process all credit card transactions.

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1. Type:            Visa                       MasterCard                       American Express  
                           Novus/Discover

Credit Card Number: \_\_\_\_\_ \*CVC \_\_\_ \_\_\_ \_\_\_

Expiration Date:     \_\_\_ \_\_\_ / \_\_\_ \_\_\_           \* Last three numbers on back of signature

2. Is this a debit card?    Yes            No

3. Billing Contact Name: \_\_\_\_\_

Billing Company Name: \_\_\_\_\_  
(if applicable)

Billing Address: \_\_\_\_\_  
\_\_\_\_\_

Billing City, State: \_\_\_\_\_

Billing Zip code: \_\_\_\_\_

Billing Phone Number: (        ) \_\_\_\_\_

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