



CREDIT CARD AUTHORIZATION FORM

CARD TYPE: VISA MASTER CARD AMERICAN EXPRESS

CARD #: _____ **EXP. DATE:** _____

BILL TO: _____
NAME ON CARD

ADDRESS LINE 1

ADDRESS LINE 2

CITY

STATE

ZIP

AMOUNT APPROVED FOR CHARGING: _____

CHARGE: FULL AMOUNT WITH ORDER
 50% WITH ORDER & BALANCE UPON COMPLETION
 CALL FOR APPROVAL PRIOR TO CHARGING BALANCE

INVOICE # OR ACCOUNT # _____

I understand that charges may include instant order processing fee in lieu of check/wire transfer.
Further, authorizing will constitute knowledge of all fees included in this transaction.

AUTHORIZED SIGNATURE

PRINTED NAME