CREDIT CARD CHARGE AUTHORIZATION

This form authorizes (Company Who Provided Services) _____

to charge (Amount) $_____

to resolve account number (If Applicable) __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

for (Your Company Name) _____.

(Today's Date) _____/_____/_____

TYPE OF CARD: ☐ Visa ☐ Master Card ☐ American Express

ACCOUNT #: __ __ __ __ __ __ __ __ __ __ __ __ __ __ __ __

EXPIRATION DATE: __ __ / __ __

* Please indicate the last three or four digit security code located on the back of credit card __ __ __ __

_____
Cardholder's Signature

_____
Cardholder's Name Print

_____
Cardholder's Billing Address City State Zip

_____
Phone Number Fax Number

FOR PROPER CREDIT, PLEASE FULLY COMPLETE, EXECUTE, AND RETURN THIS FORM VIA FACSIMILE TO 812-944-5689.