

[COMPANY NAME]

[Address]

[City State ZIP]

Phone _____

Fax _____

Highly Confidential

NOT TO BE DISCLOSED TO ANY THIRD PARTY UNDER ANY CIRCUMSTANCES WITHOUT SPECIFIC WRITTEN PERMISSION

Credit Card Authorization Form

Fill out in full and return to

_____ [FAX NUMBER] _____.

Or mail to the above address

DO NOT SEND VIA EMAIL

PLEASE TYPE OR PRINT CLEARLY

Name as shown on credit card	
Title	
Company	
Billing Address Line 1	
Address Line 2	
City – State - ZIP	
Country	
Phone	
Fax	
Email	

I authorize _____ [Company] _____
to charge my credit card in an amount equal to my current
account balance OR in the amount of \$ _____.

- MasterCard
- Visa
- Discover
- American Express

Credit Card No.: _____

Expiration Date: _____

Security code on back
of card: _____

A 3-digit number on the back side of the card,
usually in reverse italics.

HIGHLY CONFIDENTIAL: NOT TO BE DISCLOSED TO ANY 3rd PARTY UNDER ANY CIRCUMSTANCES WITHOUT MY SPECIFIC WRITTEN PERMISSION

Cardholder's Signature

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