



CREDIT CARD AUTHORIZATION FORM

Customer Name: _____ Date: ____/____/____

Company Name: _____

Payment For: _____

Name on Credit Card: _____

Credit Card Type: VISA MASTERCARD AMEX DISCOVER

Credit Card Number: _____

Expiration Date: ____/____(mm/yy) Total Amount: _____

Authorized By: _____

Signature: _____

Billing Street Address: _____

Billing City/State/Zip: _____

Phone: (____) ____ - _____ Email: _____

****FOR ACCOUNTING USE ONLY****

Sales Person: _____ Description: _____

Invoice #: _____ Authorization #: _____

By: _____ Date: ____/____/____

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