Credit Card Authorization Form

(Please fill in the form below and return it to us)

,,	☐ MasterCard ☐	AMEX Disco	ver Other:	
Cardholder Name*				
Card Number*				
Expiration Date (MM/	YY)* ————			
CVV2 (3 digit number o	on back of Visa/MC, 4 d	igits on front of AMEX)	
Billing Address:				

I authorize the above named business to charge the credit card indicated in this authorization form. This payment authorization is for the amount indicated above only. I certify that I am an authorized user of this credit card and that I will not dispute the payment with my credit card company. I understand that the payment is non-refundable unless sale is cancelled.