

**CarlsonCorp, Inc.  
140 Old Northport Road  
Kings Park, NY 11754  
(631) 368-4000  
Credit Card Authorization Form**

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Credit Card Information			
Card Type:	<input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA	<input type="checkbox"/> Discover <input type="checkbox"/> AMEX
	<input type="checkbox"/> Other _____		
Cardholder Name (as shown on card): _____			
Card Number: _____			
Expiration Date (mm/yy): _____			
CCV: _____			
Cardholder ZIP Code (from credit card billing address): _____			
Company Name: _____			
Company Address: _____ _____			
Company Telephone: _____			
Email Address: _____			

I, \_\_\_\_\_, authorize \_\_\_\_\_  
to charge my credit card above for agreed upon purchases. I understand that my information will  
be saved to their file for future transactions on my account.

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Customer Signature

Date \_\_\_\_\_

PLEASE EMAIL COMPLETED FORM TO NICOLE@CARLSONCORP.COM