

CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION									
NAME ON CREDIT	CARD								
TYPE OF CREDIT CARD		VISA	MC	AM	1EX	DISCOVER	OTHER		
TYPE OF ACCOUNT		PERSONAL				BUSINESS			
COMPANY NAME									
ACCOUNT NUMBER									
EXPIRATION DATE									
BILLING ADDRESS									
CITY	CITY		STATE			ZIP CODE			
PHONE		EMAIL			FAX NUMBER				
AUTHORIZED USER OF CREDIT CARD									
NAME									
COMPANY									
PHONE NUMBER									
EMAIL ADDRESS									
IDENTIFICATION									
RELATION TO OWNER									
TYPE OF CHARGES									
AUTHORIZED AMOUNT									
DATES OF CHARGES									

AUTHORIZATION OF CARD USE

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME		
SIGNATURE	DATE	