



## Credit Card Authorization Form

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

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date