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# Credit Card Authorization Form

Please fill out form below to authorize the required credit card transaction.

Company or Client: \_\_\_\_\_ Amount \$: \_\_\_\_\_

Type of card:     Visa    Mastercard    Discover    American Express

Name on card: \_\_\_\_\_

Credit card number: \_\_\_\_\_

Expiration: \_\_\_\_\_ / \_\_\_\_\_    3 digit code on back (or 4 digit code for AMEX): \_\_\_\_\_

Street Address: \_\_\_\_\_ Zip: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_