



433 W. Allen Ave. Suite 104 • San Dimas, CA 91773

Tel: 909-592-5481 • Cell: 626-926-4026 • Fax: 909-992-3130

# Credit Card Authorization Form

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

Company or client: \_\_\_\_\_ Amount \$: 80.00 Initial Fee

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: \_\_\_\_\_

\$80.00 Initial Fee is non refundable.