

CREDIT CARD AUTHORIZATION

| Date:/ | Client #: | |
|--|----------------------------------|---|
| Client Name: | | |
| Type of Credit Card: | | |
| Credit Card #: Digit – Card Security Code DIGITS - RIGHT OF SIGNATURE STRIP) | | |
| Expiration Date: | | |
| Credit Card Holder: | | |
| Credit Card Holder Address: | | |
| - | | |
| - | | |
| ayment of our company's invoices. | | to use the aforementioned credit card f |
| | Company Nar | me |
| ☐ This is a one-time auth | orization, it is good only for i | invoices and the amounts noted below. |
| Invoice # | Invoice Date | Dollar Amount |
| | | |
| | | |
| | | |
| | | |
| I realize that the amount be | mate and the final bill. I will | of \$ amount and thus I am responsible for a be contacted if the amounts differ and |
| Authoriza | | inted |
| | Sig | gned |
| | Tie | |

FAX BACK TO: (631) 293 - 3599