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CREDIT CARD AUTHORIZATION FORM

|  |
| --- |
| This information is confidential. Please complete and fax to 123.123.4567 or email to info@site.com |

|  |  |
| --- | --- |
| CUSTOMER NAME: |  |
| PHONE NUMBER: |  |  |
| CUSTOMER ID: |  |  |
| NAME AS APPEARS ON CREDIT CARD: |  |
| CARD TYPE (choose one): | □ VISA | □ MasterCard | □ American Express |
| CREDIT CARD NUMBER: |  |
| EXPIRATION DATE: |  | (month /year) |
| CARD SECURITY CODE (CSC / CVV): |  |  |

CHECK ONE OR BOTH IF APPLICABLE:

 □ MONTHLY RECURRING

 □ ONE-TIME CHARGE AMOUNT: US $ \_\_\_\_\_\_\_\_\_\_\_\_\_\_

|  |  |  |  |
| --- | --- | --- | --- |
| Card Holder’s Signature: |  | Date: |  |

For Office Use Only

|  |  |  |
| --- | --- | --- |
|  |  |  |
| Customer Account Number: |  |
| Order Processed By: |  | Salesperson: |  |
| Comments: |  |
|  |  |
|  |

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