



## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Please also include a front/back copy of the card being used along with a front/back copy of the driver's license to go with the card.

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

I, \_\_\_\_\_, authorize \_\_\_\_\_ to charge my credit card above for agreed upon purchases. I understand I will be charged a 3.5% processing fee.

\_\_\_\_\_

Customer Signature

\_\_\_\_\_

Date