



AUTHORIZATION TO PAY BY CREDIT CARD

COMPANY NAME _____ **DATE** __/__/__

COMPANY ADDRESS _____

CITY _____ **STATE** ____ **ZIP** _____

CARD SELECTION _____ **VISA** _____ **MASTERCARD**

CARD HOLDER NAME _____

CARD NUMBER _____

CARD EXPIRATION DATE **MONTH** _____ **YEAR** _____

AMOUNT AUTHORIZED \$ _____

CARD HOLDER'S SIGNATURE _____

PHONE NUMBER _____

INVOICE NUMBER _____