



## **CREDIT CARD PAYMENT AUTHORIZATION FORM**

(Signing of this form authorizes the charging of orders and the assessing of additional fees as per the Order Confirmation)

ORDER NUMBER / NAME:
CREDIT CARD INFORMATION (REQUIRED)  □ CORPORATE □ PERSONAL
BILL TO NAME (AS SHOWN ON CARD):
BILLING ADDRESS:
CITY: STATE: ZIP:
CARD TYPE: ☐ VISA ☐ MASTERCARD ☐ AMEX ☐ DISCOVER
ACCOUNT NUMBER:
EXPIRATION DATE://
AMOUNT TO BE CHARGED:
By submitting an electronic signature, you are providing an electronic mark, that is held to the same standard as a legally binding equivalent of a handwritten signature provided by you.
AUTHORIZED SIGNATURE:

ORDER CANNOT BE PROCESSED WITHOUT SIGNATURE

(PLEASE SIGN OR TYPE IN FULL NAME)