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Credit Card Payment Authorization Form

Company Name _____

Please check credit card type:

Visa MasterCard ~~American Express~~ Discover

Credit card number: _____ Expiration date: ____/____(mm/yy)

Exact name as it appears on the credit card: _____

Billing address: _____

(City) _____ (Postal code) _____

Primary phone number: _____

Alternate phone number: _____

Cardholder signature: _____ Date: _____

CVC Code (3 digit # on the back of the card):

Notes and other instructions: