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Credit Card Authorization Form

Please fill out form below to authorize the required credit card transaction.

Company or Client: _____ Amount \$: _____

Type of card: Visa Mastercard Discover American Express

Name on card: _____

Credit card number: _____

Expiration: _____ / _____ 3 digit code on back (or 4 digit code for AMEX): _____

Street Address: _____ Zip: _____

Signature: _____ Date: _____