

Authorization Agreement

I, _____ hereby authorize the use of my credit card.

Billing Address: Street/ Apt. #

Billing Address: City/ State/ Zip

Account Information

Account # _____ Expiration Date ____/____/____

Amount \$ _____

Credit Card Type: (Check One)

Visa Mastercard American Express

Signature

I hereby certify that all of the information contained here within is accurate and may be used as payment for sales now and in the future.

(Authorized Signature)

(Date)