



# Credit Card Authorization Form

Name on card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Phone number of person on card: \_\_\_\_\_

**Visa      Mastercard      American Express      Discover**

Card Number: \_\_\_\_\_

Security Number: \_\_\_\_\_ Exp. Date: \_\_\_\_\_

**I am aware that there will be a 4% convenience fee  
will be applied to the total amount billed.**

---

Signature of Card Holder