



Credit Card Authorization Form

PLEASE COMPLETE THIS AUTHORIZATION AND RETURN TO PORTER AND PLUNK.
All information will remain confidential.

Date: _____ Porter and Plunk Invoice #: _____

Amount to Charge: \$ _____ (USD)

Credit Card Number: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AmEx

Expiration Date: _____ Security Code: _____

Cardholder Name _____

Billing Address: _____

Phone Number: _____

I authorize Porter and Plunk to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder Signature: _____

3500 East Tachevah Drive, Suite H, Palm Springs, CA 92264

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porterandplunk.com