

**CARDHOLDER INFORMATION**

NAME ON CREDIT CARD					
TYPE OF CREDIT CARD	VISA	MC	AMEX	DISCOVER	OTHER
TYPE OF ACCOUNT	PERSONAL		BUSINESS		
COMPANY NAME					

CREDIT CARD NUMBER					
EXPIRATION DATE					
BILLING ADDRESS					
CCV/Security Code		CITY		STATE	
ZIP CODE		PHONE		FAX NUMBER	

**AUTHORIZED USER OF CREDIT CARD**

NAME					
COMPANY					
PHONE NUMBER					
EMAIL ADDRESS					
IDENTIFICATION					
RELATION TO OWNER					
TYPE OF CHARGES					
AUTHORIZED AMOUNT					
DATES OF CHARGES					

**AUTHORIZATION OF CARD USA**

I certify that I am the authorized holder and signer of the credit card referenced above.

I certify that all information above is complete and accurate.

I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "AUTHORIZED AMOUNT" field. I understand this is only for up to this amount during the time period of "DATES OF CHARGES" referenced above. If additional charges are going to be authorized a new form will have to be completed.

CARDHOLDER NAME					
SIGNATURE				DATE	