

CREDIT CARD AUTHORIZATION

CIRCLE ONE: MASTERCARD / VISA / DISCOVER / AMERICAN EXPRESS
CARDHOLDER NAME:
CREDIT CARD #:
EXPIRATION DATE:
CVV2 (3 DIGIT CODE ON BACK OF MC/VISA or 4 DIGITS ON FRONT OF
AMEX):
BILLING ZIP CODE:
PLEASE SELECT ONE OF THE FOLLOWING:
□AUTO PAY CUSTOMER- MY CARD IS CHARGED AUTOMATICALLY
□CARD ON FILE- I WILL PHONE IN TO MAKE PAYMENTS
□ONE TIME PAYMENT AMOUNT:
CUSTOMER ACCOUNT#:
BILLING ADDRESS:
CITY, STATE, ZIP:
PHONE:
EMAIL ADDRESS:
*PROVIDING AN EMAIL ADDRESS WILL ALLOW A RECEIPT TO BE EMAILED TO YOU
AUTHORIZED SIGNATURE:
*BY SIGNING THIS FORM YOU AUTHORIZE US TO CHARGE YOUR CARD