

# Credit Card Authorization

Company, Group, or Organization Name	
---	--

Payment Information	
Name on Card	
Card Number	
Expiration Date	
CODE ON BACK OF CARD	
Billing Address	
City	
State & Zip	
Card Holder Phone	
Charge Authorized Amount	\$

I, \_\_\_\_\_, hereby authorize, \_\_\_\_\_ to charge the card listed above in the amount of \$ \_\_\_\_\_.

Signature: \_\_\_\_\_

Date: \_\_\_\_\_