



## Credit Card Authorization Form

I would like to get ebilling yes \_\_\_\_\_ No \_\_\_\_\_

If yes, what is the email address you want the bill sent to? \_\_\_\_\_

I would like epayment Yes \_\_\_\_\_ No \_\_\_\_\_

Credit card type Visa \_\_\_\_\_ Mastercard \_\_\_\_\_ Discover \_\_\_\_\_ AMEX \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Card Expiration date \_\_\_\_\_

3 or 4 digit number on back of card \_\_\_\_\_

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

Signature \_\_\_\_\_

Charge card 1<sup>st</sup> \_\_\_\_\_ 5<sup>th</sup> \_\_\_\_\_ 10<sup>th</sup> \_\_\_\_\_ 15<sup>th</sup> \_\_\_\_\_ other \_\_\_\_\_