

Attention Customer:

Please complete and sign this form and credit card transaction slip below and fax back to:



**CREDIT CARD PURCHASE AUTHORIZATION FORM**

Transaction Amount: \$ \_\_\_\_\_ Transaction Date: \_\_\_\_\_  
(single transaction only)

Credit Card Type:  MasterCard  Visa  American Express  Discover

Credit Card Number: \_\_\_\_\_ Exp: \_\_\_\_\_ Code: \_\_\_\_\_

Name As It Appears On Credit Card: \_\_\_\_\_

Credit Card Billing Address: \_\_\_\_\_  
(Street)  
\_\_\_\_\_  
(City) (State) (Zip Code)

Credit Card Issuing Bank: \_\_\_\_\_ Bank Tel: (\_\_\_\_) \_\_\_\_\_

Driver License/ID Number: \_\_\_\_\_ State: \_\_\_\_\_ Exp: \_\_\_\_\_

I am the authorized signer of this credit card.

By signing this form, you acknowledge that all information given by you is true and accurate.  
Credit card fraud is a felony and is punishable by law.

Authorized Cardholder's Signature: X \_\_\_\_\_ Date: \_\_\_\_\_

**ATTACH CARDHOLDERS DRIVERS LICENSE AND CREDIT CARD  
LEGIBLE FRONT AND BACK OF CARDS**

**DRIVER LICENCE/ID**

**CREDIT CARD**