Credit Card Authorization Form

All information will remain confidential.

Date: _____

Cardholder Name (as shown on the card): _____

Billing Address: _____

City, State & Zip: _____

Credit Card Information				
Card Type:	☐ VISA	☐ Master Card	☐ Discover	☐ AMEX
	☐ Other: _____			
Card Number: _____				
Expiration Date: _____	Security Code/CVC2/CVV2: _____			

Amount to Charge: $ _____

Authorization

I authorize _____ to charge my credit card provided herein for agreed amount listed above. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

☐ I understand that my information will be saved to file for future transactions on my account.

☐ I want my information to be destroyed after the permit is processed.

Return Policy
• You have 30 calendar days to return an item from the date you received it. • To be eligible for a return, your item must in the same condition that you received it. • Your item must be in the original packaging.

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Signature