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Credit Card Authorization Form

Credit Card Holder's Information:

Full Name: _____

Date of Birth: _____ Social Security Number: _____

Phone: _____ Email: _____

Address: _____ City: _____

Zip: _____ State: _____

I hereby authorize you to charge my credit card for the transaction dated _____,
amounting to \$ _____, only.

Credit card billing information:

Credit card number: _____ Expiration date: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Phone: _____ Email _____ Fax _____

Verification Code (The last three digits on signature panel on back of card)

Signature: _____ Date: _____