



CREDIT CARD AUTHORIZATION

Please fill in the following information and sign in the space below as authorization for a **ONE TIME** charge to this credit card in the amount as identified and defined below.

AMOUNT OF CHARGE [+3.5% Credit Card Fee*]: _____

NAME [As it appears on card]: _____

ADDRESS [card billing address]:

CARD #

CHECK ONE: VISA _____ MASTERCARD _____ AMERICAN EXPRESS _____ OTHER _____

EXPIRATION DATE _____
[MM / DD / YYYY]

CID CODE [visa/MC- 3 digit number on back of card/ 4 for AMEX] _____

SIGNATURE BELOW IS APPROVAL BY AUTHORIZED CREDIT CARD HOLDER FOR THE BUSINESS TO USE THE CREDIT CARD INFORMATION AS CONTAINED HEREIN FOR AUTHORIZED PAYMENT OF OUTSTANDING BALANCES

SIGNATURE _____
AUTHORIZED SIGNATURE DATE

*All credit card transactions will be charged a 3.5% user fee for bank credit card fees over invoiced amount

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If you have any questions concerning this invoice, please contact Mark Gianassi

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PAYMENT DUE UPON RECEIPT