


# Credit Card Authorization Form

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| --- |
| I hereby authorize COMPANY NAME to debit by credit card: |
|  | □ Discover | □ MasterCard |  |
|  | □ VISA | □ American Express |  |
| Account Number: |  |  |  |  | / |  |  |  |  | / |  |  |  |  | / |  |  |  |  |  |
| Expiration Date: |  | / |  | Security Code: |  |
| Amount($) |  |  |
| Name on Card: |  |
| Reason: |  |
| Billing Address: |  |
|  |  |
|  |  |
| Signature: |  |
| Date: |  |

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