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CREDIT CARD AUTHORIZATION FORM

PURCHASE ORDER NUMBER (S): _____

INVOICE NUMBERS (S): _____

KEEP CARD ON FILE: YES NO

TYPE OF CARD: VISA MASTERCARD AMEX

CARDHOLDER'S NAME (AS IT APPEARS ON THE CARD): _____

CARD NUMBER: _____

EXPIRATION DATE: _____ CVC# _____

BILLING ZIP CODE: _____ PHONE #: _____

SIGNATURE: _____ DATE: _____

PRINT NAME: _____

PLEASE NOTE ALL CARDS KEPT ON FILE WILL BE DELETED AT THE BEGINNING OF THE CALENDER YEAR AND NEW AUTHORIZAZTION FORM MUST BE COMPLETED.