

CREDIT CARD AUTHORIZATION FORM

a 3% convenience fee will be added to your final invoice if paying by credit card

Date:		Order #:	
Amount:	\$		
Name On Card:			
Type of Card:	<input type="radio"/> Visa	<input type="radio"/> MasterCard	<input type="radio"/> Discover
	<input type="radio"/> AmEx		
Credit Card #:			
Expiration Date:			
Security Code (last 3 on back / 4 on front of Amex):			
Billing Address:			
City:		State:	
Zip Code:			
Signature:			

Thank you for your business!

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