

CREDIT CARD AUTHORIZATION FORM

Please Print Legibly (Copy of transaction receipt will be emailed to you)

Circle One VISA MC AMERICAN EXPRESS

Credit Card Number _____

Expiration Date _____ **3-Digit Code (4 digit for AmEx)** _____

Exact Name on Card _____

Billing Zip Code _____ **Amount to Charge** _____

Special Notes _____

Contact Phone Number _____

Email Address to Send Credit Card Receipt _____

Updated: 12/08/2020