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Date

Credit Card Authorization Form (fax to _____)

Your Information:

First Name	Last Name	Middle Initial
Street		
Town		
State	Zip Code	
Phone Number	Email	

Card Information:

	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

Other Card Type _____

Expiration Date: CVV Code:

Amount to be charged:

By signing below, I authorize _____ to charge my credit card in the amount stated above.

Signature: