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**CREDIT CARD PAYMENT AUTHORIZATION FORM**

Name on Account: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: (circle one)    Visa    Mastercard    Discover    American Express

Credit Card Number: \_\_\_\_\_

Expiration Date:    Month \_\_\_\_ Year \_\_\_\_\_

Card Security Code: \_\_\_\_\_ (three digit number on back of card)

Payment Amount Authorized: \$ \_\_\_\_\_.

Signature of Cardholder: \_\_\_\_\_