

# Credit Card Authorization Form



Name: \_\_\_\_\_

Card Holder Name: \_\_\_\_\_

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

\_\_\_\_\_

Phone Number: \_\_\_\_\_

Visa #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

MasterCard #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

AMEX #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Discover #: \_\_\_\_\_ Exp. Date: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Authorization Agreement:

I authorize that my credit card can be charged for the following service:

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Please mail your signed credit card authorization form to: **21 Sweet Hollow Road Huntington, NY 11743**