

IMPORTANT PAYMENT INFORMATION

Dear Vendor,

As a service to our vendors we are offering the opportunity to pay your fees with a credit card. Sign and return this form with your information.

CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization form and return it to our office with a copy of the card (both front and back) and a copy of your drivers license.

Cardholder Name: _____

Company Name: _____

Billing Address: _____

Email Address: _____

Credit Card Type: _____ VISA _____ MASTERCARD

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number: _____



Apply Amount to: _____

Amount To Be Charged: \$ _____ (Standard Pricing only in USD)

Cardholders Signature: _____ **Date:** _____