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Credit Card Payment Authorization Form

Client Name _____

Credit Card Holder _____

Billing Address _____

City _____ State _____ Zip _____

Client Phone _____ E-mail _____

Credit Card Information:

Type of card _____ (Visa, MasterCard, Discover, AMEX)

Credit Card Number _____

Expiration Date _____ Security Code _____

Amount authorized to charge _____

Credit Card Holder Signature _____

Date _____