



P.O. Box 1521 | Gainesville, GA 30501
p: 770-536-0517 | f: 770-535-1389

Credit Card Charge Authorization

COMPANY NAME: _____

Billing Address:

Street Address _____

City, State, Zip Code _____

Telephone # _____

Cardholder Name: _____

Credit Card # _____

Expiration Date _____

CCV/CCID/Security Code _____

Amount to Charge \$ _____

Email or Fax Receipt _____

Name _____

Signature _____

By my above signature, I authorize the amount as recorded to be charged to my credit card account.