



****PLEASE FAX BACK TO CONFIDENTIAL FAX# (786) 534-8292****

CREDIT CARD AUTHORIZATION

Company Name _____

Billing Address _____

Telephone _____

Shipping Address _____

Credit Card Type:

Visa

MasterCard

American Express

Account Number _____ Expiration Date _____

Security Code _____ (Required)

(The numbers following your account number on the back of your credit card)

Name of Cardholder _____

Signature of Cardholder _____

Title _____

Name of Issuing Bank: _____

Bank Telephone Number: _____

Total Amount _____