CREDIT CARD AUTHORIZATION FORM

Type of Card: □ **Visa** □ **Master Card**

Name on Card: _____

Credit Card Number: _____

Expiration Date: _____ **CVV Code:** _____

Billing Street Address: _____

City: _____ **State:** _____ **Zip:** _____

Recurring Credit Card Payments:

By signing this form you have agreed for your credit card to be automatically charged on your payment due date.

This authorization will remain in effect until you submit a cancellation request in writing. The cancellation request needs to be received 30 days prior to your payment due date. Your request may be sent by U.S. Mail, email or fax.

_____ _____

Signature Printed Name

Date: _____ (mm/dd/yyyy)

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