



PO Box 7474  
Baltimore, MD 21227

**CREDIT CARD AUTHORIZATION FORM**

Date: \_\_\_\_\_

Customer Name: \_\_\_\_\_

Account Name: \_\_\_\_\_

Account Number: \_\_\_\_\_

Customer Address: \_\_\_\_\_

\_\_\_\_\_

Telephone Number: \_\_\_\_\_

Account Holder Name: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Transaction Amount: \$ \_\_\_\_\_

Invoice Numbers: \_\_\_\_\_

\_\_\_\_\_

The issuer of the card identified on this form is authorized to pay the amount shown above upon proper presentation. I promise to pay the amount above (together with any other charges due thereon) subject to and in accordance with the agreement governing the use of such card.

Authorized Signature: \_\_\_\_\_

Approval Code: \_\_\_\_\_