



BUSINESS _____

NEW/RETURNING

CREDIT CARD AUTHORIZATION FORM

**4% processing/convenience fee on each credit card use*

**We do NOT accept Discover*

CARDHOLDER INFORMATION

NAME _____

BILLING STREET ADDRESS _____

CITY _____ STATE _____ POSTAL CODE _____

COUNTRY _____ TELEPHONE (____) _____

EMAIL _____

CREDIT CARD INFORMATION:

CREDIT CARD TYPE: MASTERCARD VISA AMERICAN EXPRESS

NUMBER _____

EXPIRATION MONTH _____ EXPIRATION YEAR _____ SECURITY CODE _____

CARDHOLDERS SIGNATURE _____ DATE ____/____/____

I authorize a charge against my credit card for the following amount \$ _____ plus 4% fee.

This was a payment taken over the phone. *Initials*

FOR OFFICE USE ONLY:

422 FO FOOD : _____

*** PLEASE ATTACH RECEIPT**

423 MF COMMERCIAL: _____

477CF RV: _____

485 UF UTILITY FEE: _____

420 CN APPLICATION FEE: _____

SUBTOTAL: _____

420 CF CREDIT CARD FEE (4%): _____

TOTAL: