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## CREDIT CARD AUTHORIZATION FORM

DATE \_\_\_\_\_

DESCRIPTION OF CHARGES  
\_\_\_\_\_

*IF APPLICABLE:*

TOTAL AMOUNT \_\_\_\_\_ JOB # \_\_\_\_\_ INVOICE # \_\_\_\_\_

CREDIT CARD # \_\_\_\_\_

EXPIRATION DATE \_\_\_\_\_ *CIRCLE ONE:*  VISA  MASTERCARD

CARDHOLDER SIGNATURE \_\_\_\_\_

CARDHOLDER NAME *(Please Print)* \_\_\_\_\_

BILLING ZIP CODE \_\_\_\_\_

PLEASE PROVIDE COPY OF CREDIT CARD IN SPACE BELOW