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CREDIT CARD BILLING AUTHORIZATION

Name as it appears on card: _____

Billing address: _____

City: _____ State: _____ Zip code: _____

Phone: () _____

Fax number: () _____

Type of Card: Visa MasterCard Discover American Express

Credit card number: _____

Expiration date: _____ Security code: _____

I authorize charges in the amount of: \$ _____

Signature: _____ Date: _____

Print name: _____ Title: _____

Email address: _____