



# CREDIT CARD AUTHORIZATION FORM

Please complete this authorization and return to our office by fax 520-575-9604

**\*\* ALL FIELDS MUST BE COMPLETED \*\***

Amount to Charge		
Card Type		
Cardholder Name		
Credit Card #		
Expiration Date		
Billing Information	Address	Zip Code
Card Verification #		
Invoice # (s)		
Company Name		
Company Address		
Company Zip		
Company Phone #		
Company Fax #		
Email (for receipt)		

**If you would like to have your credit card kept on file please sign and date below.**

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*Signature* *Date*