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## **Credit Card Authorization Form**

Name on Card:				
Credit Card Type:	□ Visa	☐ MasterCard	□ Discover	□ AmEx
Credit Card Number:				
Expiration Date:				
CVV/Security Code:				
Zip Code on Billing Address:				
Amount to Charge:	\$			
I authorize the Orang provided herein. I agree to p agreement.		rk to charge the amou irchase in accordance		
Cardholder Signature:				
Date:				
Print Name:				
Phone Number:				
		rtified Payments to syments charges a 2		

charges (minimum fee of \$2.00).