

## IMPORTANT PAYMENT INFORMATION

Dear Vendor,

As a service to our vendors we are offering the opportunity to pay your fees with a credit card. Sign and return this form with your information.

### CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization form and return it to our office with the signed contract.

**Cardholder Name:** \_\_\_\_\_

**Company Name:** \_\_\_\_\_

**Billing Address:** \_\_\_\_\_

\_\_\_\_\_

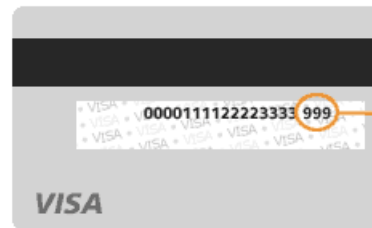
**Email Address:** \_\_\_\_\_

**Credit Card Type:** \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD

**Credit Card Number:** \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Card Identification Number:** \_\_\_\_\_



**Card  
Identification  
Number**

**Apply Amount to:** \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

**Amount To Be Charged:** \$ \_\_\_\_\_ (Standard Pricing only in USD)

**Cardholders Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_