CREDIT CARD AUTHORIZATION FORM

PLEASE COMPLETE THIS AUTHORIZATION FORM AND INCLUDE A COPY OF YOUR ID AND CREDIT CARD ALONG WITH THIS FORM

Cardholder Name	e:			
Billing Address:				
City, State, Zip: C	Country:			
Credit Card Type	:	Visa	Master	Card
		Discover Card	Americ	an Express
Credit Card Num	ber:			
Expiration Date:				
Credit Card Ident (Last 3 digits loca		r: of the credit card).		
Tavares to charg accordance with for payments unc	e my credit card this company po ler the Custome UNDS. I under	, authorize I provided herein. I agre blicies and my credit ca r Agreement above. I u stand my information w	ee that I will pay for th rd issuing bank cardh nderstand that all sal	nis purchase in nolder agreement es are final and
Cardholder - Prin	t Name, Sign ar	nd Date Bellow:		
Signature: _				
Name: _				-
Date:				

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Please send us a Copy of the FRONT and BACK of your Government Issued ID and Credit Card along with this form.