



Credit Card Authorization Form

Name on Credit Card	•First _____ •Last _____
Type of Credit Card	•Visa / Master Card / Amex / Discover
Type of Account	•Personal / Business
Company Name	
Credit Card Information	
Account Number	
Expiration Date	
Security Code (on back of the credit card)	
Billing address	
City, State & Zip Code	
Phone Number	
Email / Fax Number	
Authorized User of Credit Card	
Name	
Company	
Phone Number	
Email Address	
Relation to Owner	
Types of Charges	
Authorization Amount	
<p style="text-align: center;">I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p style="text-align: center;">I certify that all the information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges as indicated above. Charges may not exceed the amount listed above in the "Authorized Amount" field. I understand that this is only for up to this amount during the time period of "Types of Charges" referenced above. If additional charges are going to be authorized a new form will have to be completed.</p>	
Cardholder's Name:	
Signature / Date	

Please return this form completely filled out to us A.S.A.P.
 Email: jpair@bellsouth.net ** Fax: 305-233-6732 ** 15532 SW 142nd Ct - Miami, FL 33177