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CREDIT CARD AUTHORIZATION FORM

CUSTOMER INFORMATION								
Company Name					Customer	ID		
Order or Invoice #					PO #			
Amount of Invoice	\$	Amt w/ 5% CC Processing Fee			ee \$			
First /Last Name								
Billing Address								
City		State	Zip		Zip code			
Email Address								
CREDIT CARD INFORMATION								
Card Type	Visa	Visa Master C		American Express		ess D	Discover	
Credit Card Number								
Card Holder's Name								
Expiration Date					CVV code			
Card Holders Signature	17							