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PAYMENT AUTHORIZATION FORM

PLEASE PRINT THE PROPER INFORMATION AND SIGN

Credit Card holder Name: _____

Type of Credit Card: _____

Credit Card Number: _____

Expiration Date: _____

Cardholder Billing Address: _____

Amount Authorized: \$ _____

Cardholder Signature: _____

BEFORE SIGNING THIS DOCUMENT, VERIFY THAT THE CONTENT YOU ARE SIGNING IS CORRECT