



1140 Kildaire Farm Road, Suite 108 – Room 7  
Cary, NC 27511  
Phone (919) 650.3399  
Fax (919) 703-0839

**CREDIT CARD AUTHORIZATION**

Customer Name: \_\_\_\_\_

Sec Code (on back of card) \_\_\_\_\_ Date of Request: \_\_\_\_\_

CARD HOLDER INFORMATION

Type of Card: \_\_\_\_\_ Visa \_\_\_\_\_ Master Card \_\_\_\_\_ American Express \_\_\_\_\_ Discover

Card Number: \_\_\_\_\_ Expiration: \_\_\_\_\_  
(MM/YYYY)

Card Holder Name: \_\_\_\_\_  
(As shown on Credit Card)

Billing Address \_\_\_\_\_

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

PAYMENT INFORMATION

Total Amount Authorized (Only complete if you have been given a TOTAL figure): \_\_\_\_\_

Purpose Of Charge: \_\_\_\_\_ Down Payment  
\_\_\_\_\_ Full payment of order  
\_\_\_\_\_ Other (Please Provide Details) \_\_\_\_\_

\_\_\_\_\_  
\_\_\_\_\_

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_