



# Credit Card Payment Authorization

## Customer Information

COMPANY NAME	PHONE NO.	<input type="checkbox"/> CELL <input type="checkbox"/> OFFICE
EMAIL ADDRESS	FAX	

## Payment Information Complete all sections that apply to your payment.

INVOICE/TICKET NO.	\$ AMOUNT	INVOICE/TICKET NO.	\$ AMOUNT	FOR OFFICE USE ONLY : TAX AMOUNTS

Job Description: \_\_\_\_\_

TOTAL:

## Credit Card Information

\*\* MUST FAX COPY OF THE FRONT AND BACK OF CREDIT CARD \*\*

CARD HOLDER NAME (FIRST, LAST)		PHONE NO.
BILLING ADDRESS		
CITY	STATE	ZIP

VISA       MASTERCARD       DISCOVER       AMERICAN EXPRESS

16 DIGIT ACCOUNT NUMBER / 15 DIGIT FOR AMEX CARD

EXPIRATION DATE

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3 DIGIT SECURITY CODE

AMEX 4 DIGIT SECURITY CODE

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SIGNATURE: \_\_\_\_\_ DATE: \_\_\_\_\_

Please sign above. CARDMEMBER AGREES TO PAY IN ACCORDANCE WITH AGREEMENT GOVERNING USE OF SUCH CARD.

I WOULD LIKE MY RECEIPT SENT TO ME VIA:     FAX     EMAIL     US MAIL

YES, I would like my credit card information kept on file for future use. \_\_\_\_\_ (Initial)

**PLEASE COMPLETE, PRINT AND FAX BACK TO (714) 449-8660  
THANK YOU FOR YOUR PAYMENT!**