

# CREDIT CARD AUTHORIZATION FORM

Date: \_\_\_\_\_

I \_\_\_\_\_ authorize  
(NAME ON CARD)

\_\_\_\_\_ to charge my credit card.  
(COMMUNITY)

AMOUNT: \$ \_\_\_\_\_ USD

CREDIT CARD TYPE: Visa  M/C  Amex  Other

CREDIT CARD #: \_\_\_\_\_

CARD CV2/SEC #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

\_\_\_\_\_  
(SIGNATURE)

\_\_\_\_\_  
(DATE)

*Comments:*