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CREDIT CARD AUTHORIZATION

NAME ON ACCOUNT: _____

ACCOUNT #: _____

CARD TYPE: _____

EXPIRATION DATE: _____

AMOUNT OF CHARGE: _____

CARD BILLING ADDRESS: _____

CITY, STATE, ZIP: _____

DATE OF ORDER: _____

ORDER # _____

I, THE UNDERSIGNED, HEREBY AUTHORIZE MY CREDIT CARD, AS LISTED ABOVE, TO BE USED AS A GUARANTEE OF PAYMENT FOR ALL OUTSTANDING CHARGES FOR THE ABOVE NAMED ORDER(S).

CARDHOLDER NAME (PLEASE PRINT)

CARDHOLDER SIGNATURE

DATE: