

**CREDIT CARD AUTHORIZATION**

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

For your convenience we accept Credit Card Payments and for your protection we require you to complete this form, sign it and fax it back to us at **FAX (310) 390-6300** together with a copy of the front and back of the credit card and your drivers license

Cardholders Name: \_\_\_\_\_  
As it appears on the card

Cardholders Phone #: \_\_\_\_\_ Cardholders Fax #: \_\_\_\_\_

Please circle one: **Visa, MasterCard, American Express, Discovery**

Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3 digit security code: \_\_\_\_\_

Name of person/s Authorized to purchase on this card:  
\_\_\_\_\_

Payment Limit: \_\_\_\_\_ per transaction.

This Authorization is valid until revoked in writing by the cardholder

\_\_\_\_\_/\_\_\_\_\_  
**Signature of Cardholder** **Also Print Name**

Address where Credit Card Statements are sent:  
\_\_\_\_\_

For Office Use Only: Account Name: \_\_\_\_\_ Account #: \_\_\_\_\_

Save and Email This Form