



**CREDIT CARD AUTHORIZATION FORM**

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND  
RETURN IT TO OUR OFFICE BY FAX: (239) 242-8746.

Cardholder Name: \_\_\_\_\_

Address: \_\_\_\_\_  
\_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ MASTERCARD \_\_\_\_\_ DISCOVER

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_

Card Identification Number (3 digits on the back of card): \_\_\_\_\_

Total Sale: \$ \_\_\_\_\_ (USD)

Customer Signature \_\_\_\_\_