## **CREDIT CARD AUTHORIZATION FORM**

Please select Cre	edit Card type: MC_	VISA	_ DISC	_ AMEX
I HEREBY	AUTHORIZE PINE FOLLOWING		_	DEBIT THE
<b>Exact Name on </b>	Card:			
Account No:				
Exp. Date:	Billing Zip:	Card	Security C	ode (CVV):
	ND THAT THIS LET TO DEBIT THIS CH			
A 3.5% CREDIT CARD	PROCESSING FEE WILL BE A	APPLIED TO ALL	PAYMENTS M	ADE VIA CREDIT CARD.  INITIAL
Name:				
Billing Address:				
Billing Zip:				
Home Phone No.	<b>.:</b>	Cell Phon	ne No.:	
I hereby authori	ze purchase to my cr	edit card ac	count as sh	own,
	Printed Nam	e:		
	Signature:			
CLIENT NAME:				