



## Authorization for Payment by Credit Card

\*Indicates a required field

### Transaction Information

\*Customer ID: \_\_\_\_\_

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

\*Card Type: \_\_\_\_\_

\*Name on Card: \_\_\_\_\_

\*Account Number: \_\_\_\_\_

\*Expiration Date: \_\_\_\_\_

*Invoice No:	*Amount:
<b>TOTAL</b>	<b>\$</b>

### Billing Address for Credit Card

\*Client Name: \_\_\_\_\_

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

City: \_\_\_\_\_

State/Province: \_\_\_\_\_

\*Zip/Postal Code: \_\_\_\_\_

\*Signature: \_\_\_\_\_

\*Please fax the completed form to (216) 750-1130.