



Credit card authorization form

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Visa <input type="checkbox"/>	Master Card <input type="checkbox"/>	Discover <input type="checkbox"/>	American Express <input type="checkbox"/>	
Credit Card No:			Expiration date:	
Name as it appears on the card:			Security Code:	
Billing address:		City:	State:	Zip code:

- I would like to be notified on all charges that will be applied to my account
- I would like to be notified only on special orders charges.

I hereby authorize Mauri Simone to charge my credit card. My business will be responsible for any service charges that may occur incase my credit card is declined.

Signature:

Date:
