

# CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: 866-400-3120 OR BY REGULAR MAIL.

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

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

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

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

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

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

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



Amount Charged: \$ \_\_\_\_\_ (USD) Invoice # \_\_\_\_\_

By submitting this form, cardholder agrees that this card should be used to charge all amounts as above, and any recurring (monthly) charges that may be accrued, as previously agreed and contracted. Cardholder agrees that any amounts not collectible via the card listed on this form may be subject to a fee of up to \$30.00 per instance.

Signature and Date \_\_\_\_\_

*FAX or send the authorization to:*

Staged by Design, LLC  
PO Box 177  
Hamilton, VA 20159 USA  
Phone 571/291-0614 Fax 866-400-3120

