



CREDIT CARD AUTHORIZATION

COMPANY NAME: _____

NAME ON CREDIT CARD: _____

EMAIL ADDRESS: _____

PHONE NUMBER: _____

BILLING ADDRESS FOR CREDIT CARD:

Street: _____

City & State: _____

Zip Code: _____

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

3 DIGIT SECURITY CODE: _____
(Back of Card)

AUTHORIZED SIGNATURE: _____ DATE: _____
MUST SIGN

Note: A 2.85% credit card service fee applies to all payments made by credit card.
It is free to sign up for Electronic Payment (ACH) or to pay by Check.