



CREDIT VERIFICATION FORM

Company Name: _____

Credit Card #: _____

Type of Card: _____

Expiration Date: _____

Security Code Number: ____ ____ ____

(This is the non-embossed 3-digit number printed on the signature panel on the back of your card immediately following the card account number. For American Express, this number is 4 digits on the front of the card.)

Billing Street Address: _____

Billing Address Zip Code: _____

Amount of Credit Card Payment: _____

Signature of approval for credit card transaction plus 2.5% processing fee

X _____ Date _____

Name (please print): _____

By signing this authorization, you are agreeing to a 2.5% processing fee that will be added to the amount of credit card payment at the time of processing.