



4050 West Sunset Road, Suite E  
Las Vegas, NV 89118  
Phone 702-914-1919  
Phone 1-866-912-SEND  
Fax 702-777-6683

## Credit Card Authorization

Company Name: \_\_\_\_\_

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

Card Billing Address: \_\_\_\_\_

City, State, Zip: \_\_\_\_\_

Card Type:  Visa  MC  Amex  
\_\_\_\_\_

Card Number: \_\_\_\_\_

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

Please retain my card for future use:  Yes  No  
\_\_\_\_\_

Amount Of Charge: \$ \_\_\_\_\_

Date Of Order: \_\_\_\_\_

Invoice/Job Number: \_\_\_\_\_

I, the undersigned, hereby authorize my credit card, as listed above, to be used as a guarantee of payment for all outstanding charges for the above named order(s).

\_\_\_\_\_  
Cardholder Name (Please Print)

\_\_\_\_\_  
Cardholder Signature

\_\_\_\_\_  
Date