

CREDIT CARD AUTHORIZATION FORM

To make payment by credit card, please complete the following information then mail or fax this form with documentation to YOLLO Group Services, INC. office.

Date: _____
Customer Invoice # _____
Customer Name: _____

CREDIT CARD INFORMATION



CREDIT CARD TYPE:

AMEX ____ MASTERCARD ____ VISA ____ DISCOVER ____

CREDIT CARD #: _____

EXPIRATION DATE: _____

CARDHOLDER NAME: _____

CV CODE: _____



BILLING ADDRESS

ADDRESS: _____
(street, city, state, zip)

HOME TELEPHONE: _____

CELLULAR PHONE: _____

WORK TELEPHONE: _____

I AGREE NOT TO CONTEST THIS CHARGE UPON APPROVAL OF MY CREDIT.

SIGNATURE _____

AMOUNT \$ _____

PLEASE DO NOT WRITE BELOW THIS LINE

Transaction Processed by: _____ Date: _____

In the event that the credit card on file is disputed the above credit card will be charged for any disputes along with a \$25 chargeback fee.

PLEASE FOLLOW THESE INSTRUCTIONS CAREFULLY

- » Include a copy of your driver's license.
- » Include a copy of the front and back of the above credit card.
- » Please make certain that your copier or fax is set to a lighter setting. Illegible copies of credit cards or photo id's will not be accepted.
- » All pages, including copy of credit card and driver's license MUST be faxed together in ONE fax.

There is a 4% surcharge for card use. PLEASE ALLOW 1-2 BUSINESS DAYS TO PROCESS.

