

## CREDIT CARD AUTHORIZATION



Name as it appears on card \_\_\_\_\_

Billing Address \_\_\_\_\_

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

Phone \_\_\_\_\_ Email \_\_\_\_\_

Card Type

- ☐ Visa
- ☐ Mastercard
- ☐ Discover
- ☐ American Express

Card Number \_\_\_\_\_ Exp \_\_\_\_/\_\_\_\_ CVV \_\_\_\_\_

I authorize a one-time charge of \$\_\_\_\_\_ for \_\_\_\_\_

Signature \_\_\_\_\_

Please email completed form or to request a mailing address to [bajadogs1997@gmail.com](mailto:bajadogs1997@gmail.com)