



## PAYMENT AUTHORIZATION AND SELECTION FORM

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<b>Cardholder Name:</b>	
<b>Billing Address:</b>	
<b>City, State, Country, ZIP:</b>	
<b>Billing Phone:</b>	
<b>Billing E-mail:</b>	
<b>Credit Card Type:</b>	<input type="checkbox"/> AMEX <input type="checkbox"/> Discover <input type="checkbox"/> Mastercard <input type="checkbox"/> Visa
<b>Account Number:</b>	
<b>Expiration Date:</b>	
<b>CVV Security Code:</b>	

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

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Signature: \_\_\_\_\_ Date: \_\_\_\_\_