



1660 Palmour Drive, AA-5  
Gainesville, GA 30501

## Credit Card Authorization Form

This section to be completed by cardholder.

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

Purchase Order #:\_\_\_\_\_

Amount Authorized to Charge:\_\_\_\_\_

Cardholder Billing Address:

Street:\_\_\_\_\_

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

Home Phone:\_\_\_\_\_

Card Number:\_\_\_\_\_ Exp. Date:\_\_\_\_\_

Security Code Number: \_\_\_\_\_

(This number is 3 digits & is the non-embossed number printed on the signature panel on the back of your card immediately following the card acct number. This number is recorded as an additional security precaution)

Type of Card:  Visa     Master Card     Discover

Card Holder's Signature:\_\_\_\_\_ Date:\_\_\_\_\_