



# CREDIT CARD CHARGE AUTHORIZATION FORM

Name on Credit Card: \_\_\_\_\_

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

Member Phone: \_\_\_\_\_ Fax: \_\_\_\_\_

Email: \_\_\_\_\_

VISA  MC  DISCOVER  AMEX

Credit Card #: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ Security Code: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_ Suite: \_\_\_\_\_

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

As the credit card owner, I verify that PSAR may charge my credit card whenever I or anyone on the list below authorize the charge to occur. Each authorization is for one use of the credit card only.

\_\_\_\_\_  
(Signature of authorizing card holder)

\_\_\_\_\_  
(Print Name(s) of any person (s) who can authorize use of this credit card)