

**CREDIT CARD AUTHORIZATION FORM
MAIL ORDER/TELEPHONE ORDER (MOTO)**

Merchant Business Name: _____

Sales Amount: _____ Invoice Number: _____

Card Information (As Appears on the Card)

Cardholder Name _____

Card Type     Other: _____

Card Number _____

Card Security Code _____ Expiration Date _____

Billing Information

Billing Address

Shipping Address (If different from billing address; must be registered with the card issuing bank)

By signing below, I, the cardholder, agree to the terms and conditions of the purchase, cardholder's agreement, and the merchant's return/refund/exchange policy.

Name (Print)

Signature

Date

THE CARDHOLDER MUST PROVIDE A COPY OF THE FRONT AND BACK SIDES OF THE ABOVE CARD AND A VALID PHOTO ID.