CREDIT CARD AUTHORIZATION FORM

Date_____

I _____ Authorize _____ to charge my credit card
(NAME) (COMPANY)

For services rendered. Not to exceed the amount shown. REFERENCE _____

AMOUNT $_____USD. ATTACH RECEIPT HERE

CREDIT CARD TYPE _____

CREDIT CARD # _____

CARD CV2 # _____

EXPIRATION DATE _____

BILLING ADDRESS _____

_____

BILLING ZIP CODE _____

NAME ON CARD _____
(As it appears on card)

_____ _____
SIGNATURE DATE

FAX OR EMAIL TO:
1-877-986-3982 fax
mpaez@zumex.com
CC: kuriarte@zumex.com

DO NOT WRITE BELOW. COMPANY USE ONLY.

NOTES: