

CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, HEREBY AUTHORIZE

YOUR CAPITAL CONNECTION, INC., TO CHARGE THE FOLLOWING CREDIT CARD:

CARD HOLDER NAME: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

CHECK ONE:     VISA         MC         AMEX         DISCOVER

CREDIT CARD# \_\_\_\_\_

V# (back of Credit Card): \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

AMOUNT OF SALE: \$ \_\_\_\_\_

\_\_\_\_\_

Signature

\_\_\_\_\_

Date