

## Credit Card Authorization Form

**Date :**                    /    / 20\_\_

**Name (as appears on card) :** \_\_\_\_\_

**Contact Phone No. :** (    ) \_\_\_\_\_

**Type of Card:**    ( ) American Express    ( ) Mastercard    ( ) Visa    ( ) Discover

**Card No. :** \_\_\_\_\_

**Expiration Date:** \_\_\_\_\_ / \_\_\_\_\_

**Authorization Code (3 or 4 digit) :** \_\_\_\_\_

**Amount: \$** \_\_\_\_\_

**Credit Card Billing Address:** \_\_\_\_\_  
\_\_\_\_\_

**E-mail address to send your receipt (optional):** \_\_\_\_\_

X \_\_\_\_\_  
**Signature of Authorized Cardholder**

\_\_\_\_\_  
**Print Name**

**Please complete and fax back to: (310) 451-0739 or e-mail to: mlke@cheklaw.com**