



## Credit Card Authorization Form

Card holder name: \_\_\_\_\_

Card type:    Visa \_\_\_\_\_    Master Card \_\_\_\_\_    Discover \_\_\_\_\_    American Express \_\_\_\_\_

Card Number: \_\_\_\_\_

Expiration date: \_\_\_\_\_    Security code: \_\_\_\_\_

Billing address: \_\_\_\_\_  
\_\_\_\_\_

Invoice #: \_\_\_\_\_                      Amount: \_\_\_\_\_ USD

Email address for receipt: \_\_\_\_\_

I, \_\_\_\_\_ (printed name), authorize PSnC, Inc. to charge my credit card above for agreed on purchases. Card information is not kept for future transactions. All information will remain confidential.

Signature: \_\_\_\_\_                      Date: \_\_\_\_\_