

# CREDIT CARD AUTHORIZATION FORM

Fax to (858) 292-8102 / E-mail to [Sonal@copy2copy.com](mailto:Sonal@copy2copy.com)

Company Name: \_\_\_\_\_

Phone Number: \_\_\_\_\_

Billing Address: \_\_\_\_\_

\_\_\_\_\_

Items Purchased: \_\_\_\_\_

Amount of purchase: \_\_\_\_\_ Ship VIA: \_\_\_\_\_

I, \_\_\_\_\_ authorize the following credit card to be used by **Copy 2 Copy** towards payment of the above purchase.

Signature of Credit Card Owner \_\_\_\_\_ Date \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Position of Individual: \_\_\_\_\_

Type of Credit Card: (  American Express ) (  Visa ) (  MasterCard ) (  Discover )

Card Number: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Billing Zip Code: \_\_\_\_\_ CVV Code: \_\_\_\_\_

Attach copy of owner's drivers license: