

### CREDIT/DEBIT CARD AUTHORIZATION FORM

I authorize K&K Transfer, Inc. and its representatives to charge goods and services requested by myself or an authorized signer of this account to my credit/debit account listed below:

Card Type (Check One)      Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

V-Code \_\_\_\_\_ (3 digit code on back of card)

Quote/Invoice # \_\_\_\_\_

Amount to be Charged \$ \_\_\_\_\_

Client Name \_\_\_\_\_

Name on Card \_\_\_\_\_

#### Credit Card Billing Address:

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

\_\_\_\_\_

City, State, Zip Code: \_\_\_\_\_

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

Contact Name: \_\_\_\_\_

\_\_\_\_\_  
Card Holder Signature

\_\_\_\_\_  
Date

2870 SW 42<sup>nd</sup> Street, Fort Lauderdale, FL 33312

Phone: [REDACTED] - Fax: [REDACTED]

[www.kktransfer.com](http://www.kktransfer.com)