



CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO OUR OFFICE BY FAX: **(212) 226-5504**

CLIENT NAME: _____

Cardholder Name: _____ Signature: _____

Address: _____

Credit Card Type:
_____ AMEX _____ VISA _____ MASTERCARD _____ DISCOVER

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card):



Amount Charged: \$ _____ (USD)