



# Credit Authorization Form

**Fax to 954-714-3123**

Customer Name: \_\_\_\_\_

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

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

Customer Phone: \_\_\_\_\_

Customer #(s)	Amount
Total	\$

Payment Type:     VISA     MASTERCARD

Card number: \_\_\_\_\_

Expiration date/ CVV#: \_\_\_\_\_

Amount Tendered: \_\_\_\_\_

**To Be Prepared Internally by Staff Only**

Cashier code: \_\_\_\_\_

Cashier Initials: \_\_\_\_\_