



**CREDIT CARD  
AUTHORIZATION FORM**

**PLEASE TYPE OR PRINT CLEARLY**

MASTERCARD \_ VISA \_ AMEX \_

Cardholder's Name: \_\_\_\_\_

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

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

Expiration Date (MONTH: YEAR): \_\_\_\_\_

Security code: \_\_\_\_\_

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

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

City / State Country Postal Code: \_\_\_\_\_

Telephone Number **(Mandatory)**: \_\_\_\_\_

Fax Number: \_\_\_\_\_

E-mail **(please print)**: \_\_\_\_\_

Person authorizing the transaction (If different from Card Holder) \_\_\_\_\_

Please send your request to :  
**Fax: (786) 413-1005**  
**703 Waterford Way Suite 680**  
**Miami , Florida 33126**

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

