



## Credit Card Authorization Form

Name on the Card: \_\_\_\_\_

Type of Card: Visa \_\_\_\_\_ MasterCard \_\_\_\_\_

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

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

Security Code: \_\_\_\_\_

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

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

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

Order/Invoice Number: \_\_\_\_\_

Services Purchased: \_\_\_\_\_

Amount to be charged: \_\_\_\_\_

By signing this form, you authorize JC International S.A. (JCI) to charge your card for the amount listed above.

Print Name: \_\_\_\_\_

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