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CREDIT CARD AUTHORIZATION

I authorize you to charge the following credit card in the amount indicated. In the event that the credit card company will not honor the charge, I personally guarantee immediate payment to the company. I acknowledge receipt of the services which are paid by this credit card charge.

Type of Card M/C ___ Visa ___ Discover ___

Credit Card Number _____ Security Code _____

Expiration Date _____

Name on Card _____

Billing Address _____

Billing City and State _____

Billing Zip Code _____

Amount Authorized _____

Signature _____

Printed Name _____

Date Authorized _____