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CHARGE CARD AUTHORIZATION FORM

If you would like to pay by credit card please fill out this form and FAX to (212)499-2080 For your security please fax and do not e-mail credit card information.

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Invoice/Reference:	
Agency/Business Name:	
Cardhaldaria Nama	
Cardholder's Name:	
Cardholder's Address: (Billing address on card including city, state & zip)	
Cardholder's Telephone:	
Credit Card Type: (MasterCard / Visa / American Express, Discover)	
Credit Card Number:	
Card Expiration Date:	
Charge Amount:	
Cardholder's Signature:	
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