

CREDIT CARD AUTHORIZATION

Your Company's Name: _____ **Date:** _____

I, _____, authorize Penn State Consultants, Inc. to charge my Credit Card account for the amount of \$ _____.

Credit Card Information:

Credit Card: _____ **MasterCard** **Visa** **Amex**
(please circle one)

Credit Card Number: _____

CVV Code: _____
(AMEX 4 Digits on Front of Card, MC/VISA 3 Digits on Back of Card)

Expiration Date: _____ / _____ / _____
(month) (day) (year)

Cardholder's Name: _____
(exactly as it appears on the card)

Credit Card Billing Address: _____

City, State: _____

Zip Code: _____

X _____
(signature of cardholder)

Please **Fax** this completed authorization to (302) 449-3315 or (801) 848-6565.

Attach a front and back copy of the Credit Card, and a copy of the cardholder's Driver's License.

For office use only: Customer Number: _____ Customer Phone Number: _____
