

CITC

1420 80th St. SW #D
Everett, WA 98203
(425) 776-4950
Fax: (425) 776-5129

CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE CITC TO CHARGE MY CREDIT CARD.

CREDIT CARD # _____ EXP. DATE _____

Sec Code # _____

NAME OF CARDHOLDER (As shown on card) _____

CARDHOLDER'S FAX # (_____) _____ - _____

TYPE OF CREDIT CARD (Check one):

- AMERICAN EXPRESS
- MASTER CARD
- VISA
- DISCOVER

CARDHOLDER'S BILLING ADDRESS:

_____ STREET ADDRESS _____ CITY _____ STATE _____ ZIP CODE

PLEASE SIGN TO AUTHORIZE CHARGES AND FAX BACK TO _____ AT (425) 776-5129.

CARDHOLDER'S SIGNATURE **X** _____

CARDHOLDER'S PRINTED NAME: _____

CARDHOLDER'S PHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

DATE FORM COMPLETED: ____ / ____ / ____

Must have zerox copy front and back of card and ID.

**** CITC reserves the right to charge this credit card for invoices not paid with in 30 days.

OFFICE ONLY
DATE REC'D _____
COMPLETE? Y N
INITIALS _____