

CHRIS D'AMBROSIO, INC.

CREDIT CARD AUTHORIZATION

CREDIT CARDHOLDER INFORMATION			
NAME ON CREDIT CARD			
TYPE OF CREDIT CARD	Visa <input type="checkbox"/>	MasterCard <input type="checkbox"/>	DISCOVER <input type="checkbox"/>
TYPE OF ACCOUNT	PERSONAL		BUSINESS
TYPE OF WITHDRAWAL	DEBIT <input type="checkbox"/>	CREDIT <input type="checkbox"/>	
COMPANY NAME			

ACCOUNT NUMBER	_____ - _____ - _____ - _____		
EXPIRATION DATE	_____ / 20_____		
THREE DIGIT VERIFICATION CODE	___ ___ ___		
BILLING ADDRESS			
PHONE		EMAIL	

TAX YEAR(S): _____

FEE: _____

AUTHORIZATION OF CARD USE
<p>I certify that I am the authorized holder and signer of the credit card referenced above.</p> <p>I certify that all information above is complete and accurate.</p> <p>I hereby authorize collection of payment for all charges pertaining to services provided for by Chris D'Ambrosio, Inc.</p>

CARDHOLDER NAME			
SIGNATURE		DATE	