

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT, COMPLETE, AND FAX THIS AUTHORIZATION TO OUR OFFICE AT: (203) 748-5943.

COMPANY NAME: _____

Cardholder Name: _____ Signature: _____

Card Billing Address: _____

Billing City, State, Zip: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Card Identification Number (last 3 digits located on the back of the credit card): _____

(American Express has 4 digits on the front of the card)



FAX authorization to:

Tags America, LLC
Fax (203) 748-5943