

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT, COMPLETE, AND RETURN THIS AUTHORIZATION TO OUR OFFICE AT:

(fax) 603-737-0029 OR (email) sales@tagsamerica.com

COMPANY NAME: _____

Cardholder Name: _____ Signature: _____

Card Billing Address: _____

Billing City, State, Zip: _____

Type of Credit Card: _____ Last Four Digits of Credit Card Number: _____

Expiration Date _____ CC Verification Number (examples below) _____



THE FOLLOWING INFORMATION IS CONFIDENTIAL AND WILL BE SHREDDED OR DESTROYED AFTER ENTERING THE CREDIT CARD NUMBER IN THE PAYMENT SYSTEM

Complete Credit Card Number: _____

FAX authorization to:

OR

SCAN & EMAIL authorization to:

Tags America, LLC
Fax (603) 737-0029

sales@tagsamerica.com