



CREDIT CARD AUTHORIZATION FORM

USGD CUSTOMER NAME: _____

CREDIT CARD HOLDERS NAME: _____

BILLING ADDRESS: _____

CREDIT CARD TYPE:
 MASTERCARD VISA AMEX Discover

CARD NUMBER: _____

CVV CODE: _____

EXPIRATION DATE: _____

TRANSACTION AMOUNT: *(PLEASE BE ADVISED THAT A 2.5% CREDIT CARD TRANSACTION FEE WILL BE APPLIED TO ALL TRANSACTIONS)*

SUMMARY/NOTES/ INVOICE OR ORDER NUMBERS:

NAME: _____ **TITLE:** _____

SIGNATURE: _____ **DATE:** _____