



1018 Ocean View Avenue Brooklyn N.Y. 11235

CREDIT CARD AUTHORIZATION FORM

Please print out and complete this authorization and return it to our office by fax: (718) 476-1900

Company Name: _____

Cardholder Name: _____ Signature: _____

Address: _____

Billing Zip Code: _____

Credit Card Type: _____ VISA _____ MASTERCARD _____ DISCOVER

_____ AMERICAN EXPRESS

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

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

For American express the security numbers are located on front.



Amount Charged: \$ _____