

# 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: \_\_\_\_\_

Credit Card Type: \_\_\_\_\_ VISA \_\_\_\_\_ M/C \_\_\_\_\_ DISCOVER \_\_\_\_\_ AMEX

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Expiration Date: \_\_\_\_\_ / \_\_\_\_\_

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

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



**FAX authorization to:**

Tags America, LLC  
Fax (603) 737-0029

**SCAN & EMAIL authorization to:**

sales@tagsamerica.com