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## CREDIT CARD AUTHORIZATION FORM

Please complete and sign the form below. Then please fax, mail, or otherwise deliver the completed form, along with a legible photocopy of your credit card and photo identification to (661) 294-8575.

Cardholder's name: \_\_\_\_\_

Cardholder's billing address: \_\_\_\_\_

City: \_\_\_\_\_

State: \_\_\_\_\_

Zip code: \_\_\_\_\_

Telephone number: \_\_\_\_\_

Total amount to be charged: \_\_\_\_\_

Type of credit card: \_\_\_\_\_

Card number: \_\_\_\_\_

3-digit CCV code: \_\_\_\_\_

Card expiration date: \_\_\_\_\_

I, the undersigned agree, understand, and authorize the amount shown above to be charged to my credit card. I understand these charges will appear on my credit card statement and I accept full financial responsibility for payment. I agree that all credit card payments are non-refundable. Further, I am also enclosing a copy of the front of my credit card as well as a copy of my legal driver's license or other photo ID for identity verification purposes.

Signature of Cardholder: \_\_\_\_\_

Date signed: \_\_\_\_\_