



FAX BACK NUMBER: 1-206-424-1327 OR 1-360-526-0637

**CREDIT CARD AUTHORIZATION FORM
LETTER OF AUTHORIZATION TO CHARGE CREDIT CARD**

I authorize Cepap or Cepap Business Partners to charge to the following described credit card, for any invoices or statement due for products and services deliver to me or my customers:

Credit Card Information
Credit Card Holder's Name: _____
Credit Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> Visa <input type="checkbox"/> American Express Expiration Date: _____
Credit Card Number: _____ Credit Card Verification Number: _____

Credit Card Holder Contact and Billing Information
Address: _____
Suite/Apt. No.: _____
City: _____
State/Province/District: _____
Country: _____ Zip Code: _____
Billing Address Phone: _____ Alternate Phone: _____
Billing Address Fax: _____ Alternate Fax: _____
Email Address: _____

Signature: _____

Printed Name: _____ Date: _____