

CREDIT CARD AUTHORIZATION FORM

Client Name: _____

Billing Address: _____

Amount Being Charged: _____

Credit Card Number: _____

Credit Card Expiry Date: _____

Card Security Code: _____

Card Holders Name: _____

Phone Number: _____

Email (to send receipt): _____

I HEREBY AUTHORIZE ASTERISK MARKETING TO CHARGE THE CURRENT AMOUNT INDICATED ABOVE, TO THE CREDIT CARD LISTED ABOVE

Signature: _____ **Date:** _____