



CREDIT CARD AUTHORIZATION

Date: _____

Client Name: _____

Type of Credit Card:

_____ Visa _____ Mastercard _____ American Express

Credit Card #: _____

Expiration Date: _____

Name of Cardholder as if appears on the card:

(PLEASE PRINT)

Signature: _____

Please Fax Completed and Signed Form to 914-234-6646