

Credit Card Authorization Form

I, _____, hereby authorize TKT Sales, to charge my credit card account in the amount not to exceed: \$ _____

() VISA () MasterCard () American Express () Discover

Credit Card Number: _____

Expiration Date: ____ / ____ 3 Digit Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Requested Shipping Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature

_____/_____/_____
Date

As the credit card holder, I also authorize TKT Sales to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____ / ____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. TKT Sales will keep all information entered on this form strictly confidential

