



CREDIT CARD AUTHORIZATION FORM

DATE _____

NAME ON CARD _____

CREDIT CARD TYPE _____

EXPIRATION DATE _____

BILLING ADDRESS _____

CITY STATE, ZIP _____

CREDIT CARD NO. _____

CREDIT CARD SECURITY CODE: _____

THE NAME ON THE ABOVE CREDIT CARD MUST MATCH THE NAME OF THE PERSON AUTHORIZING CHARGES. I HEREBY GIVE USPA PERMISSION TO CHARGE MY CREDIT CARD IN THE AMOUNT OF **\$2,953.20** FOR CHARGES RELATED TO INVOICE# **10504**.

I, _____ (please print) authorize USPA, Inc. to charge the above credit card for all purchases posted to my account. The charges will appear as USPA, Inc.

Cardholder's Signature