



4050 West Sunset Road #E
Las Vegas NV 89118
Phone: (702) 777-0300 Fax: (702) 777-6683

CREDIT CARD AUTHORIZATION

Company Name: _____

Cardholder Name: _____

Card Billing Address: _____

City, State, Zip: _____

Visa Master Card AMEX

Card Type: _____

Card Number: _____

Expiration Date: _____

Credit Card Code (If Applicable): _____

Yes No

Please retain card for future use: _____

Amount of Charge: _____

Date of Order: _____

Invoice/Job Number: _____

I, the undersigned, hereby authorize my credit card, as listed above, to be used as a guarantee of payment for all outstanding charges for the above named order(s).

Cardholder Name (Please Print)

Cardholder Signature

Date