



**CREDIT CARD AUTHORIZATION FORM**

Date:

I, \_\_\_\_\_, authorize Skyline Columbus to charge my credit card for services rendered not to exceed the amount shown.

AMOUNT:            \$ \_\_\_\_\_ USD

CREDIT CARD TYPE: \_\_\_\_\_

CREDIT CARD #: \_\_\_\_\_

VERIFICATION #: \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

BILLING ADDRESS: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

(As it appears on card)

\_\_\_\_\_  
SIGNATURE

\_\_\_\_\_  
DATE

DO NOT WRITE BELOW. COMPANY USE ONLY.

COMMENTS: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_