

## CREDIT CARD AUTHORIZATION FORM

PLEASE FAX (1) THIS COMPLETED CREDIT CARD AUTHORIZATION FORM, (2) A COPY OF CREDIT CARD (FRONT & BACK) & (3) CARDHOLDER'S DRIVER LICENSE TO (818) 768-3808 OR EMAIL THEM TO: [CORP@PREMIEREPROPS.NET](mailto:CORP@PREMIEREPROPS.NET)

Name on Credit Card: \_\_\_\_\_

Credit Card Type: VISA       MASTERCARD       AMEX       DISCOVER

Account Type:      Personal       Business

Company Name: \_\_\_\_\_

### CREDIT CARD INFORMATION:

Credit Card Number: \_\_\_\_\_      Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_ (3 or 4 digits)

Billing Address: \_\_\_\_\_

City: \_\_\_\_\_      State: \_\_\_\_\_      Zip Code: \_\_\_\_\_

Phone: \_\_\_\_\_      Email: \_\_\_\_\_

Fax: \_\_\_\_\_

### AUTHORIZED USER OF CREDIT CARD INFORMATION:

Name: \_\_\_\_\_      Company: \_\_\_\_\_

Telephone Number: \_\_\_\_\_      Email: \_\_\_\_\_

### IDENTIFICATION:

Driver's License Copy on File:      YES       Credit Card Copy on File: YES

Relationship with Credit Card Owner: \_\_\_\_\_

Type of Charges:      Rental       Purchase       Loss & Damage

Amount Authorized: \$ \_\_\_\_\_ (USD)      Date of Charges: \_\_\_\_\_

### AUTHORIZATION OF CARD USE:

Cardholder Name: \_\_\_\_\_

Cardholder Authorized Signature: \_\_\_\_\_      Date: \_\_\_\_\_