

PHOENIX SAFETY MANAGEMENT, INC.
Charlie Morecraft & Associates

Credit Card Authorization Form

Please note all fields are required.

Credit Card Information
Card Type: <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA <input type="checkbox"/> Discover <input type="checkbox"/> AMEX <input type="checkbox"/> Other _____
Cardholder Name (as shown on card): _____
Card Number: _____
Expiration Date (mm/yy): _____
Cardholder ZIP Code (from credit card billing address): _____

I, _____, authorize _____ to charge my credit card above for agreed upon purchases, in reference to Invoice/Order# _____ placed on date ____/____/_____

Customer Signature

Date