

Specialty Allocations

Future Solutions Now

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www.SpecialtyAllocations.com

CREDIT CARD AUTHORIZATION FORM

The listed cardholder authorizes Specialty Allocations, Inc. to make the following charge below utilizing the following information given by the client:

Invoice Number: _____ Amount of Payment: \$ _____

Type of Credit Card: (Check One) Visa Mastercard Discover American Express

Credit Card Number: _____

Expiration Date:

CVV

Month Year

(3 or 4 digits)

CARDHOLDER'S BILLING ADDRESS

Cardholder: _____

Phone Number: _____

Street Address: _____

City: _____ State: _____ Zip Code: _____

I understand that this information will be used only for verification purposes with the credit card company listed above in order to prevent any fraudulent usage.

Cardholder's Signature: _____ Date: _____