



By signing this form, you authorize charging of the credit card on file if terms are not met.

\_\_\_\_\_  
Credit Card Number

\_\_\_\_\_  
Expiration Date

\_\_\_\_\_  
Credit Card Billing Address

\_\_\_\_\_  
3 Digit CCV on back of card

\_\_\_\_\_  
Business Name

\_\_\_\_\_  
Name/Title of Card Holder

\_\_\_\_\_  
Signature of Card Holder

\_\_\_\_\_  
Date

2333 W. Utopia Road, Phoenix, Az. 85027  
Phone: (800)-424-0047 Fax: (800)-825-9641