

## Credit Card Authorization Form

Please complete all fields.

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

I, \_\_\_\_\_, authorize SFFMA to charge my credit card above for agreed upon purchases.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date