



## CREDIT CARD AUTHORIZATION FORM

This form is the instrument by which the **card holder** gives permission for his/her card to be charged. A photo copy of the **card holder's** driver's license must accompany this form.

American Express

MasterCard

Discover

Visa

Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

Security Code on back of card \_\_\_\_\_

Card Holders Name: \_\_\_\_\_

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

City \_\_\_\_\_

State \_\_\_\_\_ Zip Code \_\_\_\_\_

Card Holder Phone Number: (    ) \_\_\_\_\_ - \_\_\_\_\_

Charge Authorized Amount (not to exceed): \$ \_\_\_\_\_

Card Holder Signature: \_\_\_\_\_

Card Holder Name (Print) \_\_\_\_\_

I, \_\_\_\_\_, hereby authorize The iMOM, to make charges to my Credit Card in consideration for products as requested by me.

Today's Date: \_\_\_\_\_

**Required attachments: Drivers' License photocopy, application and/or order.**