

Credit Card Authorization Form

Name on the Card: _____

Type of Card: Visa MC AmEx Discover

Other _____

Account Number _____

Expiration Date _____

Security Code _____

Billing Address _____

City, State, Zip _____

Phone Number _____

**By signing this form,
I authorize COLETTE IVEY LLC DBA CHECKMATE CASUALS
to charge my card per order.**

Signed: _____

Date: _____