



CREDIT CARD AUTHORIZATION

21706 66th Avenue West, Mountlake Terrace, WA 98043

Date: _____

Customer name: _____

Customer # : _____

Customer billing address: _____

City: _____ State: _____ Zip: _____

Card # : _____ V code: _____

Expiration date: _____

Amount to charge: _____

Authorized signer: _____

printed name

Signature: _____

This form must be filled out complete.