



**CREDIT CARD AUTHORIZATION FORM**

I, \_\_\_\_\_ (officer's name and title),  
of \_\_\_\_\_ (company name)

authorize ICCO to charge my:

- MasterCard
- Visa

For \$ \_\_\_\_\_

Ref Issue Number: \_\_\_\_\_

Card#: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

Card Verification Value: \_\_\_\_\_ (three digit number located on the back of card)

Name on Card: \_\_\_\_\_

Card Billing Address: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

Cardholder signature: \_\_\_\_\_

Print name: \_\_\_\_\_

Date: \_\_\_\_\_

**Please FAX back to (253) 276-2553**