Y ^^\^} åÁr ælið[ikû] [ic PO Box 188 Simpsonville, SC 29681 (864) 688 - 012H (864) 688 - 0138 fax

CREDIT CARD AUTHORIZATION

There is an additional processing fee of 4% that I am obliged to pay for the ability to use a credit card to pay for my purchase, in part or in full. This is an optional charge that I can avoid paying by using a check or wire fund transfer to pay any amounts associated with the cost of my purchase.

Example: If my purchase that I want to use my credit card to pay is \$1000, the amount to be charged to the credit card including the above fee will be \$1040.

Billing Information:

Check one:	VISA	MASTERCARD	DISCOVER	AMEX
Authorized Dollar Amount to be charged: \$				
Credit card Number:			Exp Date:	
Name on Card:				
Billing Zip code/House number:				
Telephone Number:				
The Three Digit from the back of card:				

By the signing of this form, I agree that faxed signatures are acceptable to charge my credit card and authorize the above company to charge the dollar amount indicated above onto the Credit Card.

Signature: _____Date: _____

Payment \$ _____

Credit Card Fee \$

Total \$