



Credit Card Authorization Form

PLEASE PRINT AND COMPLETE THIS AUTHORIZATION FORM AND RETURN TO THE INFORMATION BELOW.

All information with remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: ___ Visa ___ MasterCard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: ___/___

Security Code: _____

Amount to Charge: \$_____ (USD)

Please apply this payment to the following invoices:

I authorize OJF Services, Inc. to charge the agreed amount listed above to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder-Print Name, Sign, and Date Below:

Signed: _____

Printed: _____

Dated: _____

Email the form to: nikki@ojfservices.com or fax to: 786.264.5513