

# Credit Card Authorization

Please type information into form, print, sign, and fax to 479-271-7401.

## COMPANY INFORMATION

(Required)

Company Name:

Contact:

Phone:

## AMERICAN EXPRESS

(Required if using American Express)

Card #:

Cardholder Name:

4 Digit Verification #:

Expiration Date:

Credit Card Billing Street:

Credit Card Billing ZIP Code:

Credit Card Billing Phone:

## MASTERCARD/VISA

(Required if using Mastercard or Visa)

Card #:

Cardholder Name:

3 Digit Verification #:

Expiration Date:

Credit Card Billing Street:

Credit Card Billing ZIP Code:

Credit Card Billing Phone:

## PAYMENT OPTIONS

(Required)

- Non-Recurring; Charge all open invoices to the above credit card.  
 Recurring; Charge all open and future invoices to the above credit card.

I hereby certify that I am the authorized user of the above credit card and that I authorize Strategy Systems, Inc. to bill my credit card as stated in the PAYMENT OPTIONS section above.

Signed \_\_\_\_\_ Date \_\_\_\_\_

Print \_\_\_\_\_