

CREDIT CARD AUTHORIZATION FORM

Credit Card Information

Card Type: Visa Mastercard Discover Amex Other _____

Cardholder Name (As shown on card) _____

Credit Card# _____

Exp Date (mm/yy) _____ Code: _____

Cardholder Zip Code (Credit Card Billing Address)

Please complete all fields. **You may cancel this authorization at any time by contacting us in writing.** This authorization will remain in effect until cancelled.

I, _____, authorize _____ to charge my credit card above on _____, in the amount of _____ to fulfill my co-author financial obligation for the book project, **"Thoughts From the Man Cave."** I understand that my information will be saved to a file for future transactions on my account.

Customer Signature

Date