



CREDIT CARD AUTHORIZATION FORM

Return to:

Attn: Wanda Alvelo
 13949 Alvarez Rd, Suite 100
 Jacksonville FL 32218
 P: (904) 638-5520
 F: (904) 638-5522

Email: wavelo@hssone.com

Name on the card:		Type of card: VISA <input type="checkbox"/> MC <input type="checkbox"/> AMEX <input type="checkbox"/>		Date to be charged:
Credit Card Number:			Code on the Back:	Expiration Date:
Billing Address:			City:	State:
Zip Code:	Amount to Charge:	Paying PO/ Invoice #:		

Print Name

Signature

PLEASE INCLUDE FRONT AND BACK COPY OF THE CARD