Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card:				
Billing Address:				
Credit Card Type:	Visa	Mastercard _	Discover _	AmEx
Credit Card Number:	<u> </u>		_	
Expiration Date:				
Card Identification Numb	oer:	(last 3 digits located on the	back of the credit	card)
Amount to Charge: \$ _		(USD)		
I authorize axa Times provided herein. I agree cardholder agreement.	The state of the s			
Cardholder – Please Sign	and Date			
Signature:				
Date:				
Print Name:				
Return the completed and signed form to the following: 9 tr pipers ville @gmail.com				
Subject: autl	norizatio	W.		