

1487 South Pearl Street, Denver CO 80210 Phone 303.777.0826 Fax 303.777.3916

CREDIT CARD AUTHORIZATION

CUSTOMER NAM	E		
NAME ON THE CA	ard		
TYPE OF CREDIT	CARD (Circle) VISA MC	C AMEX EXPI	RATION DATE / /
CREDIT CARD#			
NAME	Sec. ID#		nex, it is the 4 numbers on the front card.
Last		First	
ADDRESS			
Street			
City		State	Zip Code
AMOUNT	\$	SIGNATU	URE X
	¥	DATE	
presentation. I promin accordance with (nise to pay such TOTAL (to he agreement governing the	gether with any ot	he amount shown as Total upon proper her charges due thereon) subject to and
NOTE FOR GIFT O	CARD		