



KRIEGER | worldwide®
Personalized Service Since 1965

Authorization for Credit Card Use

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

Name on Card: _____

Billing Address on Card: _____

City _____ ZIP Code _____ State _____

Credit Card Type: _____ Visa _____ MasterCard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: ___ / ___ / ___ Card Identification Number (CVV): _____

Invoice #: _____

Amount to Charge: \$ _____ (USD) Please add a 3% processing fee to the amount to charge.

I authorize **Norman Krieger** to charge the amount listed above to the credit card provided herein.

I _____ (card holder) hereby represent that I have the authority and agree to this authorization. I understand that and consent to the use of my credit card without my signature on the charge slip, that a photocopy or fax of this agreement will serve as an original and this Credit Card Authorization cannot be revoked. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Email: _____