



## Credit Card Authorization

Upon completion, this form can be faxed to (866) 785-9682 or mailed to: T&S Web Design, PO Box 30923, Edmond, OK 73003

Organization Name \_\_\_\_\_

\_\_\_\_\_ Visa      \_\_\_\_\_ Mastercard      \_\_\_\_\_ Discover

Card Number \_\_\_\_\_

Expiration (MM/YY) \_\_\_\_\_

3 or 4 Digit Security Code \_\_\_\_\_

Name on card \_\_\_\_\_

Company on card \_\_\_\_\_

Billing address \_\_\_\_\_

City \_\_\_\_\_

State/Providence \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ Recurring      \_\_\_\_\_ One-time

Order Amount      \$ \_\_\_\_\_