



**Pre-Authorization for  
MasterCard, Visa, or Discover Charges**

Please complete and sign below to authorize charges to your MasterCard, Visa, or Discover account.

Customer Account # \_\_\_\_\_

Card Number \_\_\_\_\_ Expiration Date \_\_\_ / \_\_\_ / \_\_\_

**Last 3 numbers on back of card in strip where you sign your name** \_\_\_\_\_

Name of Card Holder \_\_\_\_\_  
(Please print)

Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Signature of Card Holder \_\_\_\_\_ Date: \_\_\_ / \_\_\_ / \_\_\_