



CREDIT CARD AUTHORIZATION FORM

Between 1060 East 33rd Street, Suite "B"
Hialeah, Florida 33013

I, _____, hereby authorize PTAG to charge my credit
(Enter name as it appears on the credit card)

card in the amount of \$ _____

Type of payment: Visa Master Card Amex Discover

Credit card number

(CVC Code)

(last 3 digits on back of the card)
(The 4 digits on the front right of AMEX)

(Expiration Date)

(Billing Address)

(City)

(State)

(Zip)

(Please print)

(Email for receipt)

The undersigned certifies that he/she is an authorized user of the above reference credit card. As the credit card holder, the undersigned authorizes PTAG to initiate the above charge.

(Credit Cardholder Signature)

(Date)

All information entered on this form will be kept strictly confidential by PTAG.