



Credit Card Authorization Form

Date: _____ **Subject of Request:** _____

To: Specialized Resource Group
8018 E. SANTA ANA CYN RD. SUITE 100-175
ANAHEIM, CA 92808

I, _____, hereby authorize Specialized Resource Group (SRG), to charge my credit card account in the amount not to exceed: \$ _____

VISA MasterCard American Express

Credit Card Number: _____

Name As It Appears on Card: _____

Exp. Date: ____ / ____ **Security Code (last 3 digits found on reverse of card)**
(American Express is the 4-digit number on front of card): _____

Credit Card Billing Address:

Street: _____

City: _____ **State:** _____

Zip Code: _____ - _____ **Country:** (if not US) _____

Telephone: () _____ - _____

Cardholder's Signature: _____ **Date:**
____ / ____ / ____

As the credit card holder, I also authorize Specialized Resource Group (SRG) to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____ / ____ **Initials Here:** _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Specialized Resource Group (SRG) will keep all information entered on this form strictly confidential.

SRG Use Only: Rec'd by: _____ **Case No:** _____