



Credit Card Authorization Form

CUSTOMER NAME:

CREDIT CARD TYPE: Visa MasterCard

NAME ON CREDIT CARD:

BILLING ADDRESS:

BILLING CITY, STATE & ZIP:

PHONE NUMBER:

CARD NUMBER: _____-_____-_____-_____

EXPIRATION DATE: ____/____

3 DIGIT SECURITY CODE: ____ _

AMOUNT: \$

INVOICE(S):

WOULD YOU LIKE US TO KEEP THIS CARD ON FILE FOR FUTURE PURCHASES? Yes No

AUTHORIZED SIGNATURE: _____

By signing above I grant Mike Waid & Associates, Inc. the right to charge the above credit card.

Please fax this completed form to: 303-805-0993
Or mail to:

Mike Waid & Associates, Inc.
10495 S. Progress Way
Suite 206
Parker, CO 80134

Mike Waid & Associates
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