

# ► Credit Card Authorization Form

Simple Security Solutions  
23117 39th Ave SE  
Bothell, WA 98021

P: (425) 766-8961  
F: (425) 485-8207

## INSTRUCTIONS

1. Complete form with credit card billing information
2. Sign where indicated
3. Fax this form to (425) 485-8207

Date \_\_\_\_\_ Invoice Ref. # \_\_\_\_\_  
*(Optional)*

\* Cardholder Name: \_\_\_\_\_

\* Credit Card  Visa  MasterCard  American Express

\* Card Number: \_\_\_\_\_

\* Expiration Date: \_\_\_\_\_ \* CVV Number: \_\_\_\_\_ *(3-4 Digit Security Code)*

\* Billing Address: \_\_\_\_\_

\* City: \_\_\_\_\_

\* State/Province: \_\_\_\_\_ \* Zip/Postal Code: \_\_\_\_\_

\* Country: \_\_\_\_\_

\* Phone Number: \_\_\_\_\_

Email Address: \_\_\_\_\_

**I authorize Simple Security Solutions to charge my credit card in the amount of:**

\$ \_\_\_\_\_ USD *(U.S. Dollars)*

\* Printed Name: \_\_\_\_\_

\* Signature: \_\_\_\_\_

\* Date: \_\_\_\_\_ \* **Required Fields**

### FOR INTERNAL USE ONLY (do not complete this section)

DATE	INVOICE #	AMOUNT	CHARGED BY	AUTH CODE	NOTES