



## CREDIT CARD AUTHORIZATION FORM

DATE: \_\_\_\_\_

To whom it may concern:

I, \_\_\_\_\_, authorize MP Classics to charge my credit card

VISA

Mastercard

Discovery

AMEX

EXPIRATION: \_\_\_\_\_

STATE: \_\_\_\_\_

ZIP: \_\_\_\_\_

CARD NUMBER: \_\_\_\_\_

EXP: \_\_\_\_\_

CVC# \_\_\_\_\_

### BILLING ADDRESS:

STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

TOTAL TO BE CHARGED: \_\_\_\_\_

SINGLE USE

MULTIPLE USES

**SHIPPING ADDRESS:**  Check if same as Billing Address:

STREET \_\_\_\_\_

CITY: \_\_\_\_\_ STATE: \_\_\_\_\_ ZIP \_\_\_\_\_

\_\_\_\_\_  
CARD HOLDER SIGNATURE

\_\_\_\_\_  
DATE (MM/DD/YYYY)