



CREDIT CARD AUTHORIZATION

Please check off: Client ID _____

VISA _____ MASTERCARD _____ Minimum charge \$100.00

Amount to be Charged _____

Credit Card Number _____

Credit Card Expiration _____

Name as it appears
on Credit Card _____

Address where
credit card bills to _____

Signature of
Card Holder _____

Please fill out and fax complete information to Armineh Albarian (Administrator) @ 626-449-0164.
If you have any questions, please call me @ 626-449-1705 x201.