



CREDIT AUTHORIZATION

Full Name on Card:	
Credit Card #:	
Credit Card Type:	Visa MasterCard Discover Other: _____
Exp. Date:	
Address:	
Zip Code:	
CVV# <small>(3 digit # on back of card)</small>	

I authorize Serving 4U to keep this credit card information on file. I understand this information will be used to process the payments of current or future Process Services. I will notify Serving 4U of any changes or when I no longer wish to keep my credit card on file.

Signature of Card Holder: _____

Signature Date: ____/____/____ Phone #: (____)____-_____