



Credit Card Authorization Form

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN TO US
ALL INFORMATION SHALL REMAIN CONFIDENTIAL

Cardholder Name: _____

Billing Address: _____

Telephone: () _____ Email: _____

Credit Card Type: VISA ___ MASTERCARD ___ DISCOVER ___ AMERICAN EXPRESS ___

Credit Card Number: _____

Expiration Date: _____

CARD IDENTIFICATION NUMBER (Last 3 digits located on the back of the credit card): _____

PLEASE NOTE: The Cardholder authorizes **MPGroup** to charge the agreed amount listed below **PLUS a Bank Service Fee of 4.25%** to my credit card account provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Amount to Charge: \$ _____ (USD)

Cardholder – Sign, Print Name and Date Below:

Signed: _____

Name: _____

Dated: _____

Please return the completed form to **MPGroup**

VIA FAX: 323-874-8948

VIA Email: mpoles@mpgroup.com

A Paid Receipt will be provided to you via (please check) ___ E-mail ___ U.S. Mail