



Zephyr Solutions

# Credit Card Authorization Form

PLEASE PRINT

Company Name: \_\_\_\_\_ Name on Credit Card \_\_\_\_\_

Company Mailing Address: \_\_\_\_\_  
STREET CITY STATE ZIP

Billing Address of Cardholder: \_\_\_\_\_  
IF DIFFERENT FROM ABOVE STREET CITY STATE ZIP

Phone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_ Website: \_\_\_\_\_

Type of Credit Card: AMERICAN EXPRESS MASTER CARD VISA DISCOVER  
CHECK ONE

Credit Card Number: \_\_\_\_\_ Expiration Date: \_\_\_/\_\_\_/\_\_\_ CCV\*: \_\_\_\_\_

\*The CCV # is the last three digits on the back of the Discover, Visa or MC in the signature area after the card number. On AMEX it is the 4 digit number on the front of the card.

Authorized Users:	(PRINT NAME)	SIGNATURE*	TITLE
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

\* The authorized signer(s) agrees to abide by the terms of the card issuer and grants Zephyr Solutions the authority to charge the credit card on file pursuant to the signer's verbal request. The authorized signer(s) further agrees that an electronic facsimile of the signature(s), being a duplicate copy of the original signature(s), is deemed to be the same as an original signature(s) and may be used as such for the purposes set forth above. Zephyr Solutions will retain this form on file for reference each time a charge is requested by the authorized signer(s) unless this authorization is for a specific amount, invoice(s) or period of time as described below:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



**PLEASE FAX OR MAIL THIS FORM BACK TO ZEPHYR SOLUTIONS**  
**FAX: (440)937-4567**  
MAIL TO : 1050 LEAR INDUSTRIAL DRIVE UNIT #1  
AVON, OH 44011