

# Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us. This authorization will remain in effect until cancelled.

Please type information into form, print, sign, and fax to 479-271-7401

Company Information	
Company Name:	
Phone:	
Credit Card Information	
Card Type: <input type="checkbox"/> MasterCard	<input type="checkbox"/> VISA
<input type="checkbox"/> Discover	<input type="checkbox"/> AMEX
Cardholder Name (as shown on card):	
Card Number:	
Expiration Date (mm/yy):	
CVV (security code):	
Cardholder ZIP Code (from credit card billing address):	
Email address:	

I, \_\_\_\_\_, authorize Strategy Systems, Inc. to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date