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## CREDIT CARD AUTHORIZATION FORM

### CARDHOLDER INFORMATION

Name: \_\_\_\_\_

Billing Street Address: \_\_\_\_\_

Street Address (cont.): \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Email: \_\_\_\_\_

Shipping Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Postal Code: \_\_\_\_\_

Direct Telephone: (\_\_\_\_\_) \_\_\_\_\_ - \_\_\_\_\_

### CREDIT CARD INFORMATION

Credit Card Type:  MasterCard  Visa  American Express  Discover Card

Number: \_\_\_\_\_

Expiration Month: \_\_\_\_\_ Expiration Year: \_\_\_\_\_ Security Code: \_\_\_\_\_

Cardholder Sign X \_\_\_\_\_ Date: \_\_\_\_/\_\_\_\_/\_\_\_\_

**This authorization is for the use of invoices presented from Audio Rehab, Inc only. No charge will be entered without prior approval of the above named individual. All Personal Information will be stored in a secure environment and will not be shared with any other individual or entity.**