



DIGITALHARVESTMEDIA

1603 N 19th Street | Tampa, FL 33605

Please Complete and Fax Back to 813.433.5596

Credit Card Authorization Form

TO:		From:	
Fax:		Pages:	
Phone:		Date:	
Re:		CC:	

Details: Below is a credit card authorization form to be completed and faxed back to 813.433.5596 for approval. Please PRINT clearly.

Full Name as it Appears on Card: _____

Company Name: _____

Card Type: _____ (Visa / MC / American Express)

Credit Card Number: _____

Card Security Code (CSC) _____ (This is usually a 3 - or 4 - digit number, which is not part of the credit card number. The CSC is typically printed on the back of a credit card -- usually in the signature field).

Expiration Date: _____

Billing Address: _____

City: _____

State: _____

Zip Code: _____ Phone: _____

Charge Description:

Signature: _____ Date: _____