

VEGAS PRO-SERV

P. O. BOX 751796 LAS VEGAS, NV 89131-1796

Phone: (702) 294-7378; Fax: (702) 253-6620

CREDIT CARD AUTHORIZATION FORM

I _____ AUTHORIZE VEGAS PRO-SERV TO CHARGE MY
CREDIT CARD IN THE AMOUNT OF \$ _____

FOR: _____

NAME AS IT APPEARS ON CARD: _____

CREDIT CARD BILLING ADDRESS:

STREET: _____

CITY: _____ STATE: _____ ZIP CODE: _____

Telephone: _____ FAX: _____

INDICATE TYPE OF CARD BELOW:

CARD TYPE: _____

_____ PERSONAL CREDIT CARD _____ BUSINESS CREDIT CARD

****A COPY OF THE FRONT AND BACK OF THE CREDIT CARD MUST ACCOMPANY THIS FORM
WITH A COPY OF THE CREDIT CARD HOLDER'S DRIVERS LICENSE****

CARD NO: _____ EXP. DATE: _____

VID CODE: _____ (THREE DIGIT CODE ON BACK OF CARD)

Cardholder's Signature

/

**I UNDERSTAND THAT ADDITIONAL CHARGES MY BE ADDED AS THEY ARE
INCURRED, UPON AUTHORIZATION.**