



1516 E. Tropicana Ave #270
Las Vegas, Nevada 89119

CREDIT CARD AUTHORIZATION FORM

CREDIT CARD HOLDER NAME AND ADDRESS:

CREDIT CARD NUMBER: _____

EXPIRATION DATE: _____

VERIFICATION # (FROM BACK OF CARD): _____

AUTHORIZED SIGNATURE: _____

AMOUNT DUE: \$ _____

TODAY'S DATE: _____