



Credit Card Authorization Form

PLEASE FILL OUT THE INFORMATION REQUESTED BELOW. ALL THE INFORMATION MUST BE FILLED OUT COMPLETELY IN ORDER TO PROCESS YOUR CREDIT CARD.

NAME: _____

ADDRESS: _____

CITY: _____ **STATE:** _____ **ZIP:** _____

PHONE: () _____ **FAX:** _____

CREDIT CARD NO. _____

EXPIRATION DATE: _____

CARD TYPE: VISA AMERICAN EXPRESS MASTERCARD

I, _____ AUTHORIZE TOM BUSH REGENCY TO USE MY CREDIT CARD FOR THE PURCHASE OF GOODS AND OR SERVICES UP TO THE AMOUNT OF:

\$ _____

SIGNATURE: _____

DATE: _____

PLEASE PROVIDE A COPY OF THE CREDIT CARD FRONT AND BACK ALONG WITH A COPY OF PHOTO IDENTIFICATION.