



Credit Card Payment Authority

Payment for:			
Total amount to pay \$ _____			
Please charge my:			
<input type="checkbox"/> Visa	<input type="checkbox"/> Mastercard	<input type="checkbox"/> Amex	<input type="checkbox"/> Prezzy Card
Credit Card number:			
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Expiry date:	Cardholder's name:		
<input type="text"/>	<input type="text"/>	_____	
Month / Year			
Cardholder's signature: _____			