

## **Credit Card Authorization Sheet**

Payment method:	Mastercard	Visa	American Express
Customer Name:			
KBF Account Number:			
Name as Shown on Cree	dit Card:		
Credit Card Account Nu	ımber:		
Card's Expiration Date:		Card's Zip	Code:
First line of card's <u>billing</u> (safeguard for bank's	ng address:		nd street name)
Invoices to be paid:			
Total Amount of Charge	e: \$	Date submi	tted:
Person submitting payr		gnature if by fax)	
Comments:			