



## Credit Card Authorization

By completing this form you agree to all the conditions set forth in our terms and conditions. Please fill in all blank spaces that are required.

Amount to be charged: \$ \_\_\_\_\_ US Dollars

(\_\_\_\_\_ Dollars /100)

### Credit Card Information (Place a “✓” next to the type of card below)

Visa \_\_\_\_\_ MasterCard \_\_\_\_\_ Discover \_\_\_\_\_ American Express \_\_\_\_\_

Name (as it appears on credit card) \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Card Security Code: \_\_\_\_\_

(The last three digits located on the signature panel. If AMEX, then the last four digits on the front of card.)

Credit card billing address (The address where the credit card statement is sent)

Street: \_\_\_\_\_

City: \_\_\_\_\_ State/Province: \_\_\_\_\_

Zip Code: \_\_\_\_\_ Country: \_\_\_\_\_

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Date**

I have read, understood, and agree to the terms and conditions of this transaction and hereby authorize Green Crescent LLC to process the aforementioned credit card transaction. I agree to have these charges applied to the above credit card and to be bound by the terms of credit card issuer.

