



CREDIT CARD AUTHORIZATION FORM

ALWAYS FAX THIS FORM TO OUR DIRECT CORPORATE FAX NUMBER { NO EXCEPTIONS }


I _____ Authorize Crim Group, Inc. to charge my credit card
(NAME)

For services rendered. Not to exceed the amount shown.

One-time:

AMOUNT \$ _____ USD

Recurring: _____ USD

CARD TYPE:    

CARD NUMBER: _____ EXP. DATE: ____/____/____

CARD IDENTIFICATION NUMBER: _____
Please reference the pictures to the right for the location of this number on your credit card.



CARD ID

(Visa & MasterCard: 3 digits on back)



CARD ID

(American Express: 4 digits on front)

CONTACT NUMBER:	EMAIL ADDRESS:
BILLING ADDRESS:	
BILLING ZIP CODE:	
NAME ON CARD:	

(As it appears on card)

I hereby authorize Crim Group, Inc. to charge this credit card for those charges for Crim Group financing services that I may accrue from month to month or any past due balances in order to bring my account to current status. This authorization is valid until revoked in writing.

SIGNATURE

DATE

FAX TO:

Crim Group, Inc.

Attn: Finance Department

Customer Service: (888) 860-CRIM (2746)

Fax: (866) 629-9688

DO NOT WRITE BELOW COMPANY USE ONLY.

NOTES:
