



5550 W. Executive Drive - Suite 240  
Tampa, FL 33609  
Ph: (813) 321-1300  
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## Credit Card Authorization Form

### Card Details:

<input type="checkbox"/> Discover	Card #: _____
<input type="checkbox"/> MasterCard	Expiration Date: _____
<input type="checkbox"/> Visa	\$ Amount: _____
3-Digit Security Code: _____	

### Billing Details:

Cardholder Name (company or individual name): \_\_\_\_\_

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

City: _____	State: _____	Zip Code: _____
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### Payment Details:

Invoice #: _____	\$ Amt: _____
Invoice #: _____	\$ Amt: _____

Signature below indicates authorization for Cornerstone Consulting, Inc. to charge my credit card for the amounts listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date