

CREDIT CARD AUTHORIZATION FORM

Circle one: AMEX, VISA, MASTERCARD

DATE:			
Name as appears on card:			
Billing Address:			
City:	State:		Zip:
Card Number:			
Expiration Date:	_ Security Code:		
Signature		Date	
By completing the above, I agree to pay the a listed above. I authorize 3point14 Marketing charge my card for the amount listed. X	Group, Inc d/b/a Spee		
I authorize my card information to be kept or order. X(initial)	n file for use against ar	y outstanding	balance relating to my
Per our credit card policy, please note that a	_		•