



Credit Card Authorization

Upon completion, this form can be faxed to (866) 785-9682 or mailed to: T&S Web Design, PO Box 1478, Edmond, OK 73083

Organization Name _____

_____ Visa _____ Mastercard _____ Discover

Card Number _____

Expiration (MM/YY) _____

3 or 4 Digit Security Code _____

Name on card _____

Company on card _____

Billing address _____

City _____

State/Providence _____

Zip/Postal Code _____

Phone _____

Email _____

_____ Recurring _____ One-time

Order Amount \$ _____