



## Credit Card Authorization

*Upon completion, this agreement 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/Province \_\_\_\_\_

Zip/Postal Code \_\_\_\_\_

Phone \_\_\_\_\_

Email \_\_\_\_\_

\_\_\_\_\_ Recurring

\_\_\_\_\_ One-time

Order Amount \$ \_\_\_\_\_