

CREDIT CARD AUTHORIZATION FORM – COMPLETE AND FAX OR EMAIL BACK TO US

Please note – for non-swiped transactions we require the Security number (PIN) on the reverse. If this is not possible, we will require you to make arrangements to swipe your actual credit card.

Name: _____

Phone Number: _____

Visa / MasterCard Card:

Visa / MasterCard Number: _____

Expiry Date _____

Name on Card _____

PIN _____

I agree to pay the below listed total amount according to card issue agreement.

Signature: _____

I, _____, (name of signing authority), authorize **Kemp Harvey Burch Kientz Inc.** to charge

(Initial one)

_____ the outstanding account balance on the above credit card account for any services incurred and any outstanding balance on the above account

OR

_____ the total of \$_____ on the above credit card for one time only on the above account

Amounts are charged to Credit Card at time of billing, as in accordance with the terms and conditions.