



ProgRama

CREDIT CARD AUTHORIZATION

In case if your Credit Card's **billing address** is different from your **shipping address**:

Please fill out the following form and fax it to ProgRama to: +1 (561) 338-2400.

Please fax a copy of the Front and Back of your Credit Card and your Driver's License.

Credit Card Information

Your Name on the Card: _____

Credit Card number: _____

Expiration Date: ____ / ____

Security Code: ____ (Last 3 digits of the number in the signature field)

Billing address

Business name: _____

Street Address: _____

City, State: _____, _____

Zip Code: _____

Shipping address

Business name: _____

Street Address: _____

City, State: _____, _____

Zip Code: _____

Signature

Sign here: _____ Date: _____