



STREAMLINED FUSION

DIGITAL SOLUTIONS THAT POWER MARKETING™

Credit Card Authorization Form

Version 2.2

I, _____ (print name), hereby authorize Streamlined Fusion, to charge my credit card account for charges incurred from their services.

() VISA () MasterCard () American Express

Credit Card Number: _____

Expiration Date: ____ / ____ VID Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () ____ - _____

Cardholder's Signature

____/____/____
Date

As the credit card holder, I also authorize Streamlined Fusion to charge my credit card for future purchases verbally or electronically approved by me.

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. Streamlined Fusion will keep all information entered on this form strictly confidential.

Please fax this completed and signed document to **(310) 765-7401**.

