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**Credit Card Authorization Form**

Dear Valued Customer;

Please provide the following information for billing purposes. Should you have any questions or concerns, please contact SolutionMakers at 360-668-4903.

Please complete this form and email or fax to 360-668-4009.

Thank you for your business!

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**Account Information**

**Credit Card Holder Information**

Name on Card: \_\_\_\_\_

Billing Address: \_\_\_\_\_

*Must be the same address as shown on your billing statement*

City \_\_\_\_\_ State \_\_\_\_\_ Zip \_\_\_\_\_

Card Type:

MasterCard       Visa       American Express       Discover

Credit Card Number \_\_\_\_\_ Security Code \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Amount Authorized for this charge \_\_\_\_\_

I hereby authorize SolutionMakers, Inc. to use the above Credit Card information to process my order for services and/or related charges to my SolutionMakers, Inc. Account.

Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_