

CREDIT CARD AUTHORIZATION

Instructions

1. Complete the form by printing legibly with a dark pen.
2. Sign with the credit card holder's signature on the line indicated.
3. Include a photocopy of the **front** and **back** of the signed credit card.
4. Fax this form, along with photocopy of the signed credit card, to our secure fax machine at **1-210-599-0440**.

I, _____, hereby authorize The Watermark Group, Inc to charge my credit card as full payment for products, services, shipping charges, sales tax (if applicable) and a 3% credit card processing fee.

Invoices to be paid: (please provide detail to insure your account is properly credited.)

Invoice Number _____	Amount \$ _____
Invoice Number _____	Amount \$ _____
Invoice Number _____	Amount \$ _____
Invoice Number _____	Amount \$ _____
Invoice Number _____	Amount \$ _____
Invoice Number _____	Amount \$ _____

Total amount of invoices. \$ _____

Processing fee (3%) \$ _____

Total amount to be charged to my credit card \$ _____

Type of Card: VISA MasterCard American Express

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ CVC Code (normally the on back of card) _____

Please Print:

Company Name _____

Name (as it appears on card) _____

Credit Card Billing Address: _____

City _____ State _____ Zip _____

Signature: _____ Date: _____

As the credit card holder, I also authorize The Watermark Group, Inc. to keep my credit card information on file and charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: _____ / _____ Initial Here: _____

Your completion of this authorization form helps us to protect you, our valued customer, from credit card fraud. The Watermark Group, Inc will keep all information entered on this form strictly confidential.