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### CREDIT CARD AUTHORIZATION FORM

**CREDIT CARD TYPE:** .....  Visa                       Mastercard                       AMEX

Name (as it appears on card):..... \_\_\_\_\_

Credit Card Billing Address:..... \_\_\_\_\_  
..... \_\_\_\_\_

City, State Zip:..... \_\_\_\_\_

Credit Card Number:..... \_\_\_\_\_

CVV Code (3 digits on back of card):..... \_\_\_\_\_

Expiration (MM/YYYY):..... \_\_\_\_\_

Authorized Signature:..... \_\_\_\_\_

Telephone Number:..... \_\_\_\_\_

**Please complete this form in its entirety and fax to 775-853-5998.**

*If you have any questions, please contact Sharon Nelson at 775-853-5900 x105.  
Thank You.*