

**Credit Card Authorization Form**  
Compendium, Inc.

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Please fill in the information and sign below.

Print Name \_\_\_\_\_

Phone Number: \_\_\_\_\_

Email: \_\_\_\_\_

Credit Card Type (Check One):  MasterCard  Visa  Discover  American Express

Credit Card Number: \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_ - \_\_\_\_\_

Security Code: \_\_\_\_\_

Expiration Date: \_\_\_\_ / \_\_\_\_

Credit Card Holder's Name (print): \_\_\_\_\_

(Exactly as it appears on the credit card)

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

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

Card Holder Phone Number: \_\_\_\_\_ - \_\_\_\_\_

I authorize Compendium, Inc. to initiate a charge to the credit card indicated above for the

total amount due on invoice/order: \_\_\_\_\_

\$ \_\_\_\_\_

Card Holder Signature \_\_\_\_\_ Date \_\_\_\_\_

Highly Confidential