



Credit Card Authorization Form

Date: _____

Please complete the form below with the required information and return via fax to (561)922-3761.

I HEARBY AUTHORIZE SHADSTONE ASSOCIATES, INC. TO CHARGE MY CREDIT CARD ACCOUNT FOR PAYMENT OF:

Consulting Services Rendered on: _____
(Date)

Amount: \$ _____

Billing Information

Billing Address: _____
Street City State Zip

Visa MasterCard American Express Discover

Credit Card Number: _____ Exp: _____

Security Code (CVV): _____

X _____ Date: _____
Authorized Signature

If you have any questions, please contact us at (561) 922-3760 x2

Sincerely

Shadstone Associates, Inc.