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Credit Card Authorization Form

VGL Office Use	
VGL Case #s:	_____
Amt. Charged:	_____
Date Charged:	_____

Credit Card Information	
Print customer name as it appears on card: _____	
Account Number: _____	Expiration Date: _____
Daytime Phone Number: _____	Card Type*: _____
Signature of Cardholder _____	
Total amount authorized to be charged: _____	

* Accepted credit cards: American Express, Discover, MasterCard, and VISA

Client's name as it appears on sample submission form: _____