

CREDIT CARD AUTHORIZATION FORM

Date: _____

Name: _____

Company Name: _____

City _____ State _____ Zip _____

Invoice #: _____

Invoice Total Amount: \$ _____

I certify that I have agreed to pay the Full Amount shown above plus a 3.9% credit card fee, to www.Turnstiles.us, Inc. with my Credit Card.

Please charge my:    

Credit Card Number _____

CVV _____ Expiration Date _____

Company Name _____

Name on Card _____

Credit Card Billing Address _____

City _____ State _____ Zip _____

Phone _____ Email _____

Signature: _____ Date _____