



CREDIT CARD
AUTHORIZATION FORM

Name on Card: _____

Type of Card (circle one): Visa MC AmEx Discover

Card Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

Item Charged: _____

Amount to be Charged: \$ _____

By Signing this form you authorize Trademark Properties of Michigan, LLC to charge your card for the amount listed above.

Card Holder's Signature: _____ Date: _____