



**Credit Card Authorization Form:**

Name: \_\_\_\_\_ Credit Card Type: \_\_\_\_\_

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

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

Credit Card #: \_\_\_\_\_

Card Code\*: \_\_\_\_\_ Expiration Date: \_\_\_\_\_

\*(3 digit code on back of Visa or MasterCard / 4 digit code on front of Amex)

I, \_\_\_\_\_, give the Military Network, LLC permission to charge the above credit card in the amount of \$75.00 USD.

Authorized Signature: \_\_\_\_\_ Date: \_\_\_\_\_