

# Credit Card Authorization Form



2726 NE 159<sup>th</sup> Circle  
Ridgfield, WA 98642

Office: (360) 852-8300  
Fax: (360) 326-1600  
Email: dan@jenetek.com

Please fax this form to: (360) 326-1600

Description of Service or Item	Amount
Invoice Number:	
Invoice Number:	
Invoice Number:	
Invoice Number	
Total to be charged	

Credit Card Type (Visa, MC, Discover):	
Credit Card Number	
Name on the Card	
Expiration Date	
CVC / CVV digits on back of card (additional 3 – 4 digits after card number)	
Billing Address	

The undersigned hereby authorizes Jenetek LLC to charge their credit card in the amount noted above:

\_\_\_\_\_  
Signature of Cardholder

\_\_\_\_\_  
Date