



375 Lexington Avenue 10th Floor New York NY 10017

**CHARGE CARD AUTHORIZATION FORM**

***If you would like to pay by credit card please fill out this form and FAX to (212)499-2080  
For your security please fax and do not e-mail credit card information.***

**Date:**

**Invoice/Reference:**

**Agency/Business Name:**

**Cardholder's Name:**

**Cardholder's Address: (Billing address on card including city, state & zip)**

**Cardholder's Telephone:**

**Credit Card Type: (MasterCard / Visa / American Express)**

**Credit Card Number:**

**Card Expiration Date:**

**Charge Amount:**

**Cardholder's Signature:**

***Please FAX form to (212) 499-2080***