

Total Access Group, Inc.

"We've Got You Covered"

CREDIT CARD AUTHORIZATION FORM

Your completion of this authorization form helps us to protect you from credit card fraud. Please note that this is a one-time authorization only and not recurring.

I, _____, hereby authorize Total Access Group, Inc. to charge my credit card account the amount of \$ _____ for the purchase of _____ (Product) being purchased for _____ (Name of Organization).

Card: Visa MasterCard American Express

Name on Card: _____

Credit Card No: _____ Exp. Date: ____/____

Validation Code: _____ (3-digit code on back of Visa/MC or 4-digit code on front of AMEX card).

Credit Card Billing Address: _____

Shipping Address (Organization Address): _____

Cardholder's Signature

Date

INCLUDE A COPY OF THE FRONT AND BACK OF SIGNED CREDIT CARD

TOTAL ACCESS GROUP USE ONLY

Account #: _____ Invoice #: _____

Faxed by TAG CSR: _____ Date: _____

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