

Complete this form and fax to (714) 486-3592 OR
Scan and e-mail to gsilegal@aol.com

CREDIT CARD AUTHORIZATION FORM

Credit card charge amount \$_____.

Check one: VISA MASTERCARD

Credit card number: _____ CVC # _____

Expiration date: _____
(month/year - example 06/07)

Print name exactly as on card: _____

Billing address: _____

Telephone number: _____

As cardholder, I hereby authorize GSI to charge the above credit card as a telephone/fax transaction and agree to pay the total amount as entered above according to the card issuer agreement.

Cardholders signature

____/____/____
Date

GSI reserves the right to restrict the credit of any client for any reason. It is further agreed that this contract is negotiated in Tustin, CA.

I certify that I am the holder of the above credit card, or have been authorized by the holder, to use it to pay for services provided by GSI and I agree to all of the above terms and conditions.

***For GSI use only. Service upon _____**