



Credit Card Authorization Form

Name on Card: Darla Crawford

Company Name on order: \_\_\_\_\_

Order # \_\_\_\_\_

Email for receipt: jt Crawford247@gmail.com

Type of Card: Visa  MC \_\_\_\_\_ AmEx \_\_\_\_\_ Discover \_\_\_\_\_ Other: \_\_\_\_\_

Card # 4400 6699 4063 5808

Expiration Date 07/27

Security Code: 883

Billing Address 89 Arbor Woods Circle

City, State, Zip Code: Ringgold GA 30736

Phone Number: 423-240-9038

Product Total: \_\_\_\_\_

Shipping Total: \_\_\_\_\_

Charge Total: \$15.00

Name Printed: Darla Crawford

Signature: Darla Crawford

Date: 02-20-23