



CREDIT CARD AUTHORIZATION FORM

Fax no. (619) 482-3168 or email: norma@vantageid.com

I, _____, hereby authorize, Vantage ID Applications, Inc.
(Cardholder's Name)

(Cardholder's Billing Address)

(Shipping Address)

To charge my _____ credit card for the following amount
(Type of Card)

My credit card number is _____ - _____ - _____ - _____

Issuing Bank Name: _____

Expiration Date is _____ / _____

Security Code: _____

(Cardholder's Signature)

_____/_____/_____
(Today's Date)

Note: This information is required on ALL orders by our merchant services. The information is only used for verification purposes; we do not sell or distribute this information. These requirements are for our benefit as well as yours to prevent fraud. Thank you for your understanding in this matter.

Revised 01/28/15

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