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US FUNDS

CREDIT CARD AUTHORIZATION

Customer Name: and Address			
Credit Card Type	Visa Mastercard	Office Use	Only
Total Amount:	US Funds	Date Processed (Including Taxes)	Authorization #
Name on Credit Card: Address of Credit Card H	lolder (Required for c	redit card verification)	
Dhana Niverbari			
Phone Number: Card Number:			
Expiry Date:	MM / YY	Security Code	
Authorization Signature:			