

718 E. Manchester Blvd. Ste. H Inglewood, CA 90301 Phone: 310-671-3650 Fax: 310-672-3650 www.inglewoodbor.com

## CREDIT CARD AUTHORIZATION FORM PLEASE PRINT CLEARLY & FILL OUT FORM COMPLETELY

Member's Name:			
Card Holder's Name:			
Member's Office Name:			
Billing Address for credit card			
City:	State:	Zip Code: _	
Cell #:			
I authorize my Uisa IM	lasterCard □AM	EX (WE DO NOT ACC	CEPT DISCOVER)
To be charged \$			
Th	is transaction is <b>one t</b>	time only	·
Card:		Exp. [	)ate:/
		Security Co	ode:
Cardholder Signature:		Date:	
	Office Use Onl		
Member #: Notes:		Received on:	By: