



Credit Card Authorization Form

Please fax this form back to Elevation Point at 312-873-3846 or 847-782-9040

This authorizes Elevation Point to charge the amount below to the Credit card listed.

Payment for: _____

Invoice Number: _____

Company Name: _____

Cardholder Name: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: ()

Fax Number: ()

Credit Card Type: Visa Master Card American Express Discover

Credit Card Number: _____

Exp. Date: _____ Amount \$: _____

Date: _____

Cardholder's Signature: _____