



# Data Analyzers

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Orlando, FL 32835  
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Fax: 321-256-5282  
<http://datanalyzers.com>

## CREDIT CARD AUTHORIZATION FORM

I, \_\_\_\_\_, authorize Data Analyzers, LLC to charge  
CARDHOLDER NAME

\$ \_\_\_\_\_ to my credit card.  
DOLLAR AMOUNT

Cardholder acknowledges receipt of goods and/or services in the amount of the total shown hereon and agrees to perform the obligations set forth in the Cardholders agreement with the Issuer.

\_\_\_\_\_  
CARDHOLDER SIGNATURE

\_\_\_\_\_  
DATE

Credit Card Type (circle one)    American Express    MasterCard    Visa  
**(For Amex cardholders, a 3% processing fee will be issued to the total amount owed)**

Credit Card Number: \_\_\_\_\_ Code \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Full Name (as it appears on the card): \_\_\_\_\_

Company Name (if applicable): \_\_\_\_\_

Mailing address (billing address for credit card statement) \_\_\_\_\_

Phone: \_\_\_\_\_

Fax: \_\_\_\_\_

**OFFICIAL USE ONLY**  
AUTHORIZATION #: \_\_\_\_\_