



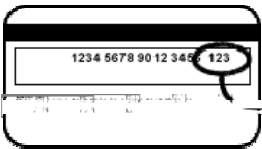

Evolution Payment Systems

CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION		
Company Name:	Name on Card:	
Card Holder Billing Address:		
City:	State:	Zip:
Email Address:		

SHIPPING INFORMATION		
Contact Name:		
Shipping Street Address:		
City:	State:	Zip:

PURCHASE INFORMATION	
ITEM	COST
Processing Software/Terminal Equipment: _____	\$
Application Fee*	\$
TOTAL CHARGE AMOUNT:**	\$

PAYMENT AUTHORIZATION	
CARD TYPE: <input type="checkbox"/> Visa <input type="checkbox"/> MasterCard <input type="checkbox"/> American Express <input type="checkbox"/> Discover	
CARD NUMBER: _____	EXP. DATE: ____/____/____
CARD IDENTIFICATION NUMBER: _____ Please reference the pictures to the right for the location of this number on your credit card.	 (Visa & MasterCard: 3 digits on back)
	 (American Express: 4 digits on front)

* I understand that the Application Fee is non-refundable unless I am declined for the merchant bankcard processing service. In addition, I agree to provide any additional information required in order to obtain bank approval.

** I authorize the credit card listed above to be charged the total charge amount displayed.

PRINT NAME

SIGNATURE

_____/_____/_____
DATE