



CREDIT CARD AUTHORIZATION FORM

This letter is to authorize **PSB Miami, Corp** to use the following credit card credentials:

Date: _____ Invoice No./ Ref: _____

Customer/ Company Name: _____

Address: _____

City, State: _____ Zip Code: _____ Country: _____

Phone No.: _____ Fax No.: _____

I, _____ authorize **PSB Miami, Corp** to charge my credit card

provided below, for the amount of: \$ _____

Credit Card Type:	<input type="checkbox"/> Visa	<input type="checkbox"/> MC	<input type="checkbox"/> AMEX	<input type="checkbox"/> Other _____
Credit Card #:	_____		Exp. Date:	_____
Security Code (CV) #:	_____		Name on Card:	_____
Credit Card Holder Signature:	_____			
Credit Card Billing Address (if different from address above):				
Address:	_____			
City, State:	_____	Zip Code:	_____	Country: _____

Cardholder authorizes **PSB Miami, Corp** to retain the credit card information provided above within our electronic customer information and billing systems. Otherwise, customer must supply the number with each additional purchase.

Yes

No

Note: **PSB Miami, Corp** will not process any transaction unless this authorization is received. This is for your protection and ours. We truly appreciate your business and cooperation.