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Credit Card Authorization Form

Name on Card: _____

Card Type: _____ M/C _____ Visa _____ Amex _____

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address _____

Phone Number: _____

Email address: _____

Amount to be billed: _____

By signing this form you authorize Autism180 to charge your card for the amount listed above.

Signature: _____ Date: _____