



CREDIT CARD AUTHORIZATION FORM

CARDHOLDER INFORMATION

Name : _____ (as printed on credit card)
Billing Address : _____
City : _____ State: _____ Zip: _____
Card Number : _____
Expiration Date (mm/yy) : _____
CVV# (back of card) : _____
Card Type : Visa Mastercard Discover American Express

I authorized Urban Global, LLC. to charge the above card in the amount of:

\$ _____

Signature: _____

Print : _____

Date : _____

For: (description of products or invoice #'s)