



Authorization for Credit Card Use

PRINT AND COMPLETE THIS AUTHORIZATION AND RETURN.
All information will remain confidential

Name on Card: _____

Company: _____

Billing Address: _____

Invoice # _____

Credit Card Type: ___ Visa ___ Mastercard ___ Discover ___ AmEx

Credit Card Number: _____

Expiration Date: _____ Security Code: _____ (3 or 4 digits)

Amount to Charge: \$ _____ (USD)

I authorize CAI- NJ to charge the amount listed above to the credit card provided herein. I agree to pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Please Sign and Date

Signature: _____

Date: _____

Print Name: _____

Return the completed and signed form to the following:

Mail
CAI-NJ
500 Harding Road
Freehold, NJ 07728

Or fax
609-588-0040