CREDIT CARD AUTHORIZATION FORM

INSTRUCTIONS:

(1) Enter the credit card information, including the type, card number and security code from the back of the card.
(2) Sign the authorization.
(3) Fax the Credit Card Authorization Form and the Photocopy of the credit card to (405) 624-3219, Attn: Launa Miller. Or scan form with signature and email to launa@scc.eskimojoes.com.

Card Type:		**Visa**		**Mastercard**		**American Express**		**Discover**

Credit Card Number:															

Expiration Date:			/			**Security Code:**				

I, _____, hereby authorize EJPPG, Inc. to charge my credit card account in the amount of $_____. This payment is to be applied to as follows:

Invoice	**#**	**Amount**	**$**
Invoice	**#**	**Amount**	**$**
Invoice	**#**	**Amount**	**$**
Invoice	**#**	**Amount**	**$**

_____ _____
Cardholder's Signature Date

Your completion of this authorization form helps us to protect you, our valued guest, from credit card fraud. All information on this form will be kept strictly confidential.

CLICK TO PRINT FORM FOR SIGNATURE