



CREDIT CARD AUTHORIZATION FORM

This is a confidential form and will be used by authorized persons at G. Alan Incorporated only. No information given on this form will be released to anyone, under any circumstances. By completing and signing this form you are stating that the information below is correct and that you are authorized to make charges on this account.

PLEASE FILL OUT COMPLETELY

EMAIL BACK TO gregory@imwithg.com OR FAX BACK TO 919.572.0950.

Individual or Company Name: _____

Street Address: _____

City: _____ State: _____ Zip: _____

Daytime Phone: _____ Evening Phone: _____

Cardholder Name: _____

Card Type: VISA MasterCard American Express

Account #: _____

3 or 4 Digit Security Code: _____ Exp. Date: _____

Signature: _____

Invoice #: _____ Amount Paid: \$ _____

THANK YOU! YOUR BUSINESS IS APPRECIATED!



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Phone 919.544.0055 Fax 919.572.0950