



CREDIT CARD CHARGE AUTHORIZATION AGREEMENT

Please return this form by fax to (305) 822-6977 with an enlarged copy of your credit card (front and back) and a valid picture ID (passport or drivers license).

I, _____, the holder of (check one, please):

VISA ___ MasterCard ___ American Express ___ Discover ___

Card Number _____ Exp. _____ Security Code _____

I hereby authorize Tamperproof ID Company Inc., to charge the credit card listed above in the amount of \$ _____ and/or for monthly recurring charges accrued on my account.

Cardholder: _____

Signature: _____

Company: _____

Address: _____

City, State, Zip: _____

Telephone: (_____) _____

Date: ____/____/____