

## **Authorization for Credit Card Use**

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

Name on Card				
Billing Address:				-
Credit Card Type:	Visa	Mastercard	Discover	AmEx
Credit Card Number:				
Expiration Date:			4	-
Card Identification Number:	(last 3	digits located on t	he back of the c	redit <mark>card)</mark>
Amount to Charge:	\$	(USD)		
I hereby authorize MSR INTE received.	ERNATIONAL I	LLC to charge my	credit card for t	he goods
Cardholder – Please Sign an	d Date			
Signature:				-
Date:				-
Print Name:				_
For MSR INTERNATIONAL LLC use only				
Date:	MSR In	ternational LLC prod	cessor:	
Description:		Am	ount:	



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