



Jeff Darman
110 East State St.
Suite 15
Kennett Square, PA 19348

Credit Card Authorization

Name on Card: _____

Billing Address: _____

City	State	Zip
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Email Address: _____

Phone: _____

Type of Card: AX, MC, VISA (circle one)

Card Number _____

Security Code: _____ Expiration Date: _____

Services to be Charged: _____

Authorization: _____