Bird Buffer, LLC

1420 80th St. SW #D
Everett, WA 98203
(425) 776-4950
Fax: (425) 776-5129

CREDIT CARD AUTHORIZATION FORM

I AUTHORIZE CITC TO CHARGE MY CREDIT CARD.

CREDIT CARD # _ EXP. DATE _____
Sec Code #_____
NAME OF CARDHOLDER (As shown on card) _____

CARDHOLDER'S FAX # (_____) _____ - _____

TYPE OF CREDIT CARD (Check one)**:**

- ☐ **AMERICAN EXPRESS**
- ☐ **MASTER CARD**
- ☐ **VISA**
- ☐ **DISCOVER**

CARDHOLDER'S BILLING ADDRESS:

_____	_____	_____	_____
STREET ADDRESS	**CITY**	**STATE**	**ZIP CODE**

PLEASE SIGN TO AUTHORIZE CHARGES AND FAX BACK TO_____ AT (425) 776-5129.

CARDHOLDER'S SIGNATURE X_____

CARDHOLDER'S PRINTED NAME: _____

CARDHOLDER'S PHONE NUMBER: (_____) _____ - _____

EMAIL ADDRESS: _____

COMPANY NAME: _____

DATE FORM COMPLETED: _____/_____/_____
Must have zerox copy front and back of card and ID.

******* CITC reserves the right to charge this credit card for invoices not paid with in 30 days.**

OFFICE ONLY

DATE REC'D _____

COMPLETE? Y N

INITIALS _____