

CREDIT CARD AUTHORIZATION FORM

PLEASE PRINT OUT AND COMPLETE THIS AUTHORIZATION AND RETURN IT TO
OUR OFFICE BY FAX: (229) 649-3356 OR BY REGULAR MAIL.

Cardholder Name: _____ Signature: _____

Billing Address: _____

Phone Number : _____ E-mail Address : _____

Credit Card Type:
_____ VISA _____ MASTERCARD _____ DISCOVER _____ AMEX

Credit Card Number: _____ - _____ - _____ - _____

Expiration Date: _____ / _____

Billing Zip Code: _____

Card Identification Number (last 3 digits located on the back of the credit card): _____



Amount Charged: \$ _____ (USD)

Apply Amount to: _____

FAX or send the authorization to:

Marcus UAV Corp.
2028 Fort Perry Rd
Box Springs, GA. 31801

Phone (877) 296-4073 Fax (229) 649-3356