



Credit Card Authorization

Please select **ONLY** one of the options below:

<input type="radio"/> Only for this purchase order/invoice number: _____	<input type="radio"/> All purchases until a written request to discontinue is submitted.
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Credit Card: American Express Discover Master Card Visa

Name printed on Card: _____

Card Number: _____ Expiration Date: _____

CVV/Sec Code: _____

CVV/Sec Code is the 3-digit number on the back for your credit card. It is located in the signature line and is usually the last three numbers directly after your credit card number. (Some cards do not have the credit card number listed. In this case the Code is the last 3 numbers.)

Billing Address on Credit Card: _____

City: _____ State: _____ Zip Code: _____

Home Phone or Cell: _____ Email: _____



Send **STRIP CLUB CHOPPERS** Invoice/Receipt to:

Name: _____

Company: _____

Address: _____

City: _____ State: _____ Zip Code: _____



I, _____, give permission to *STRIP CLUB CHOPPERS* to charge my listed credit card.

**YOUR SIGNATURE BELOW INDICATES YOUR CONSENT
AND ACKNOWLEDGEMENT OF THE AFORMENTIONED TRANSATION(S)**

Authorization Signature

Today's Date