



**GENEXmarketing**

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## Credit Card Authorization Form

Please complete all fields. You may cancel this authorization at any time by contacting us.  
This authorization will remain in effect until cancelled.

Credit Card Information
<b>Card Type:</b> <input type="checkbox"/> MasterCard <input type="checkbox"/> VISA
Cardholder Name (as shown on card): _____
Credit Card Number: _____
Expiration Date (mm/yy): _____
CVC Number (3 digit code on the back): _____
_____ _Cardholder Address and Postal Code (from credit card billing address): _____

I, \_\_\_\_\_, authorize Genex Marketing to charge my credit card above for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account.

\_\_\_\_\_  
Customer Signature

\_\_\_\_\_  
Date