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**Credit Card Authorization Form**

**Fill out in full and return to  
PRIVATE FAX 321-285-0431**

**PLEASE TYPE OR PRINT CLEARLY**

Name as shown on credit card	
Title	
Company	
Credit Card Billing Address Line 1	
Address Line 2	
City	
State	
Zip/postal code	
Country	
Phone	
Fax	
Email	
I authorize BibleTranscripts.com to charge my credit card in an amount equal to my current account balance or to process a payment on my account at least once per month in an amount not to exceed \$_____ on the [select one]: <input type="checkbox"/> 5 <sup>th</sup> day <input type="checkbox"/> 15 <sup>th</sup> day <input type="checkbox"/> 25 <sup>th</sup> day.	
Such payment shall be applied to my outstanding account balance at BibleTranscripts.com. I understand my credit card statement will reflect the vendor's name as <b>WORDPRO</b> , the merchant vendor for BibleTranscripts.com.	
<input type="checkbox"/> MasterCard <input type="checkbox"/> Visa	
Credit Card Number	
Expiration Date	
Security Code as Shown on Card	A 3-digit number on the reverse side of the card, usually in reverse italics, printed at end of the signature line.
Cardholder's Signature	

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