



**CREDIT CARD AUTHORIZATION FORM**

<b>BSG CUSTOMER NAME:</b>		
<hr/>		
<b>CREDIT CARD HOLDERS NAME:</b>		
<hr/>		
<b>BILLING ADDRESS:</b>		
<hr/>		
<b>CREDIT CARD TYPE:</b>		
<input type="checkbox"/> MASTERCARD	<input type="checkbox"/> VISA	<input type="checkbox"/> AMEX
<hr/>		
<b>CARD NUMBER:</b>		
<hr/>		
<b>CVV CODE:</b>		
<hr/>		
<b>EXPIRATION DATE:</b>		
<hr/>		
<b>TRANSACTION AMOUNT:</b> <i>(PLEASE BE ADVISED THAT A 2.5% CREDIT CARD TRANSACTION FEE WILL BE APPLIED TO ALL TRANSACTIONS)</i>		
<hr/>		
<b>SUMMARY/NOTES/ INVOICE OR ORDER NUMBERS:</b>		
<hr/>		
<b>NAME:</b>	<b>TITLE:</b>	
<hr/>	<hr/>	
<b>SIGNATURE:</b>	<b>DATE:</b>	
<hr/>	<hr/>	