



**MANNA
&
ASSOCIATES, LLC**

Tel (201) 991-7111 Fax (201) 991-7116

CREDIT CARD AUTHORIZATION FORM

I authorize Manna & Associates LLC to maintain credit card information in their confidential files. My signature authorizes Manna & Associates LLC to charge the credit card below for charges made by the business named below and deduct fees from the credit card below, as authorized by my signature on this application.

***** We accept MasterCard, Visa, Discover or American Express *****

Business Name _____

Cardholder Name (as printed on card): _____

Business Name on card (if applicable) _____

Date: _____

Billing Address for Credit Card _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV: _____

Signature for Cardholder _____

If anyone other than the cardholder is authorized to use this credit card,

please have him or her print and sign his or her name:

Printed Name: _____

Signature: _____

Date: _____

Cardholder Authorizing Signature: _____