



the
renaissance companies

Open the door to a new way of living

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Credit Card Authorization Form

Name on Card: _____

Type of Card: Visa MC

Account Number: _____

Expiration Date: _____

Security Code: _____

Billing Address: _____

City, State, Zip: _____

Phone Number: _____

Amount to be charged: _____

Description of charges: _____

By signing this form, you authorize The Renaissance Companies to charge your card for the amount listed above.

Signature

Date