



# DEAF COMMUNICATION BY INNOVATION

## Credit Card Authorization for Payment

I (Please Print) \_\_\_\_\_ authorize Deaf Communication by Innovation LLC to charge the following credit card for ASL Class:

\$ \_\_\_\_\_ Total to be charged to authorized credit card

### Credit Card Information: (Please Print)

Name (as it appears on card)	
Credit Card Type:	<input type="checkbox"/> Master Card <input type="checkbox"/> VISA
Credit Card Number:	
Credit Card Expiration Date:	

### Client Authorization:

I hereby authorize Deaf Communication by Innovation LLC to reserve credit against the above credit card issued in my name as guarantee of payment for service(s).

\_\_\_\_\_  
Authorized Signature

\_\_\_\_\_  
Date

*For office use only*

Invoice:

Approved:

Date: