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Credit Card Authorization Form

I _____, hereby authorize EURO LINK, LP to charge my credit card account in the amount not to exceed: \$ _____

() VISA () Master Card () Discover () Amex

Name Displayed on Card: _____

Credit Card Number: _____

Expiration Date: ____ / ____ CVV Code: _____

Credit Card Billing Address:

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

Customer Name & Address:

Customer Name: _____

Street: _____

City: _____ State: _____

Zip Code: _____ - _____ Country: (if not US) _____

Telephone: () _____ - _____

As the credit card holder, I hereby authorize receipt of goods & services at the shipping address above.

Cardholder's Signature

____/____/____
Date

As the credit card holder, I also authorize EURO LINK, LP to charge my credit card for future purchases verbally approved by me.

Authorization Valid Until: ____/____/____ Initials Here: _____

Your completion of this authorization form helps us to protect you, our valued customers, from credit card fraud. EURO LINK, LP will keep all information entered on this form strictly confidential. Thank you for your business.