



Credit Card Authorization

Today's Date: _____

Total Charges: _____

Client Name: _____
(As it appears on card)

Client Address: _____

(Where bills are received)

Card Type: _____
(Visa, MasterCard, Am Express, Discover)

Credit Card #: _____

Expiration Date: _____

3 or 4 Digit Security Code: _____

Memo: _____
(Product Purchased)

Agent Name: _____

Client Signature: _____

I understand that NO REFUNDS will be made on Rush Trusts