CREDIT CARD AUTHORIZATION

This authorization is given to Cavallo Associates LLC/dba/CSI Secure Solutions to charge my

☐Debit Card ☐Credit Card in the amount of **$** _____

Florida Sales Tax 6% **$** _____

Total **$** _____

CREDIT CARD INFORMATION

Credit Card Name: _____

Address: _____

City: _____ State: _____ Zip: _____

Type of Card: ☐ Visa ☐M/C ☐Discover

Credit Card #: _____ 3 Digit Sec Code: _____

EXP Date: _____

E-mail: _____ Phone No. _____

By Signing This Agreement,
I understand and agree not to use the information provided to you by Cavallo Associates/DBA/CSI Secure Solutions for Civil Malice or Criminal Intent under penalty of Law. This information will only be used for legal purposes in accordance with federal, state, and local laws.

Signature of the Card Owner: _____ Date: _____

Print Name: _____