

CREDIT CARD AUTHORIZATION

Name on the Card:

Type of Card: Card #:

Exp. Date CVN#

Billing/Shipping Address:

City: State:

Zip Code:

Phone Number:

This form authorizes Zeki Turbo to charge your Credit Card in the amount of

Signature:

Date: ___/___/_____

Please provide a copy of the front and back of your card along with a copy of your driver's license.