



## Authorization of Credit Card Transaction

Please fill in the following information, as listed with your credit card, authorizing Franklin & Company, LLC to perform this transaction. Fax completed form to 352.684.3556. Once the transaction has been completed, your receipt will be mailed to you. Thank you.

Credit Card # \_\_\_\_\_

Expiration Date \_\_\_\_\_ 3-digit security code \_\_\_\_\_

Amount \_\_\_\_\_

Name \_\_\_\_\_

Address \_\_\_\_\_

City \_\_\_\_\_

State \_\_\_\_\_ ZIP \_\_\_\_\_

Contact Phone Numbers (Only complete the preferred method of contact):

Home \_\_\_\_\_ Cell \_\_\_\_\_

Work \_\_\_\_\_ Fax \_\_\_\_\_

Email \_\_\_\_\_

Signature \_\_\_\_\_ Date \_\_\_\_\_