



CREDIT CARD AUTHORIZATION FORM

Client Name: _____

Name on Card: _____

Billing Address:
(for Credit Card) _____
City, State, Zip: _____

Phone Number: _____

VISA MASTERCARD DISCOVER (circle one)

Card Number: _____

Expiration Date: _____

CVV2 Code: _____

(Last 3# on back of card)

Payment Amount: \$ _____

I authorize Sun City Palm Desert News & Views to charge the
aforementioned card for noted amount.

Printed Name: _____ Date _____

Signature: _____

FAX: News & Views 760-200-2248