



5550 W. Executive Drive - Suite 240  
Tampa, FL 33609  
Ph: (813) 321-1300  
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**Credit Card Authorization Form**

**Card Details:**

<input type="checkbox"/> Discover	Card #: _____
<input type="checkbox"/> MasterCard	Expiration Date: _____
<input type="checkbox"/> Visa	\$ Amount: _____
	3-Digit Security Code: _____

**Billing Details:**

Cardholder Name (company or individual name): \_\_\_\_\_

Street Address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

**Payment Details:**

Invoice #: _____	\$ Amt: _____
Invoice #: _____	\$ Amt: _____

Signature below indicates authorization for Cornerstone Consulting, Inc. to charge my credit card for the amounts listed above.

\_\_\_\_\_  
Signature

\_\_\_\_\_  
Date