



## Credit Card Authorization Form

Cardholder Name: \_\_\_\_\_

Billing Address: \_\_\_\_\_

Zip Code: \_\_\_\_\_

Credit Card Number: \_\_\_\_\_

Expiration Date: \_\_\_\_\_

Security Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Phone Number: \_\_\_\_\_

I, authorize Switzer Associates Leadership Solutions, to charge my credit card for the agreed amount.

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

A CATALYST FOR DYNAMIC BUSINESS STEWARDSHIP

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