



**CREDIT CARD CHARGE AUTHORIZATION**

Credit Card you wish to be billed: [ ] Visa [ ] MasterCard [ ] Discover [ ] Amex

Name of Cardholder \_\_\_\_\_

Credit Card # \_\_\_\_\_ Expiration Date \_\_\_\_\_

3 Digit Security Code (back of card) \_\_\_\_\_ 4 Digit Security Code for AMEX \_\_\_\_\_

Credit Card Billing Address

\_\_\_\_\_

Street	City	State	Zip
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E-mail Address for receipt of transaction \_\_\_\_\_

As the Credit Card holder, I authorize The Delphic Group, Inc. d/b/a EBS, Inc. to charge my credit card for future services requested by me and rendered by EBS, Inc.

\_\_\_\_\_  
Cardholder's Signature

**Please Fax to 303-374-1248 (secure)**