





(Please print all information with requested copies of your credit card and photo ID and fax or mail to Sezam Agency)

In lieu of my credit card imprint, I hereby
(Name of cardholder on card)
authorize SEZAM AGENCY or their agents to charge myVisa [] or MasterCard [] card, (select one)
number expiring/, (Credit Card number)
in the amount of US Dollars
for payment of shopping of myself for services
(Brief description of products)
My billing address:
Phone home: work:
For identification, please provide photocopy of both sides of Credit Card and driver's license or passport of
cardholder.
By signing below, I acknowledge charges described herein.
(Signature of Cardholder)
Space for photocopies.