

**Credit Card Authorization Form**  
**Only to give by phone 413-442-8049, drop off or mailed to**  
**99 West street, Suite 200, Pittsfield, MA 01201.**  
**DO NOT EMAIL: IT IS NOT SECURE**

Member Name: \_\_\_\_\_

Amount to Charge: \$ \_\_\_\_\_

Card Type:       AMEX       Discover       Master Card       VISA

In Payment Of:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Card #: \_\_\_\_\_ CVV# \_\_\_\_\_ Exp Date: \_\_\_\_\_

Name on Card: \_\_\_\_\_

Billing Address:

\_\_\_\_\_  
\_\_\_\_\_

Email (if receipt requested): \_\_\_\_\_

Date of Call/Delivery: \_\_\_\_\_ Time: \_\_\_\_\_

Taken By: \_\_\_\_\_

