

**VAN RYLIN ASSOCIATES  
CREDIT CARD AUTHORIZATION FORM  
TO PAY OPEN STATEMENTS FOR 2011**

DATE: \_\_\_\_\_

TINA TOBLER-ADAMS  
FAX #520-742-0200

**PLEASE PROCESS THE FOLLOWING CREDIT CARD PAYMENT AS  
DETAILED BELOW:**

ACCT # \_\_\_\_\_

COMPANY NAME: \_\_\_\_\_

FAX # FOR RECEIPT: \_\_\_\_\_

**CARD TYPE (CIRCLE ONE):** VISA      MASTER CARD      AMEX      DISC

CARD # \_\_\_\_\_

EXPIRATION DATE: \_\_\_\_\_

SECURITY (CVC) CODE: \_\_\_\_\_

AMOUNT OF CHARGE: \$ \_\_\_\_\_

NAME ON CARD: \_\_\_\_\_

BILLING ZIP CODE: \_\_\_\_\_

CARD HOLDER  
SIGNATURE: \_\_\_\_\_