



CREDIT CARD CHARGE AUTHORIZATION

Company name _____
Credit card number _____
Expiration date (mm/yyyy) _____
Zip code for billing address _____
Security code (located on the back of the card) _____

I _____ authorize Pacific High Reach to charge my credit card for services rendered.

Signature of card holder _____

Date _____

Invoice numbers and amounts to be paid by credit card

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