



***Credit Card Authorization Form***

Thank you for your order. Your business is appreciated.

In an effort to control credit card use, we are required to obtain a signature authorizing us to charge your credit card account.

Please complete this form and **fax it to the attention of your PSG Representative.**

This form will be kept on file for future orders, valid until the expiration of the listed credit card, or until notification by cardholder.

Thank you in advance for your cooperation.

CARDHOLDER'S NAME: \_\_\_\_\_

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

AREA CODE/PHONE: \_\_\_\_\_

CREDIT CARD NUMBER: \_\_\_\_\_ EXP. DATE: \_\_\_\_\_

CARD TYPE:  MASTER CARD  VISA  AMERICAN EXPRESS

I authorize Professional Staffing Group Inc. to charge against my credit card each week for services rendered.

CARDHOLDER'S SIGNATURE: \_\_\_\_\_

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