



ZOOLOGICAL WILDLIFE FOUNDATION

Credit Card Authorization

I authorized _____, to charge my credit card listed below:

Company Name: _____

Date: _____

Credit Card Type: () Visa () MasterCard () Discover () American Express

Cardholder Information

Cardholder's Name: _____

Credit Card # _____

Exp. Date: _____ Security Code: _____

Billing Address: _____

City: _____ State: _____ Zip Code: _____

Purchase Information:

Invoice No. # _____

Authorization Purchase Amount: _____

Authorization Signature: _____