



Credit Card Authorization Form

All information will remain confidential.

Cardholder Name: _____

Billing Address: _____

Credit Card Type: _____ Visa _____ Mastercard _____ Discover _____ AMEX

Credit Card Number: _____

Expiration Date: _____

Card Identification Number: _____

Amount to Charge (A 3.5% processing fee will be added by The Winn Group):

\$ _____ (USD)

I authorize The Winn Group to charge the agreed amount listed above **plus** a 3.5% credit card processing fee to my credit card provided herein. I agree that I will pay for this purchase in accordance with the issuing bank cardholder agreement.

Cardholder – Print Name, Sign and Date Below:

Signed: _____ Dated: _____

Name: _____

Once signed please mail or fax the completed form to:

The Winn Group
2033 W. McDermott Dr.
Suite 320-287
Allen, TX 75013-4675
1-866-206-1295 (o)
214.383.1134 (f)

If you have any questions please contact us at 1-866-206-1295 Ext.700 or
billing@thewinngroup.net.