



CREDIT CARD AUTHORIZATION

CUSTOMER INFORMATION	
TYPE OF CARD (CIRCLE)	VISA MASTER CARD DISCOVER
NAME ON CARD*	
CARD NUMBER*	
EXPIRATION DATE*	
3 DIGIT SECURITY CODE *	
BILLING ADDRESS	
POPE ACCOUNT NUMBER	
PHONE NUMBER	
EMAIL ADDRESS	

AUTHORIZED USER OF CREDIT CARD	
COMPANY	Pope Security Systems, Inc.
PHONE NUMBER	603-447-6704
TYPE OF CHARGES	<input type="checkbox"/> products <input type="checkbox"/> services <input type="checkbox"/> monitoring
MAIL RECEIPT (CIRCLE)	YES or NO

AUTHORIZATION OF CARD USE			
I certify that I am the authorized holder and signer of the credit card referenced above.			
I certify that all information above is complete and accurate.			
I hereby authorize collection of payment for all charges as indicated above.			
PRINT NAME			
SIGNATURE	<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 50%;"></td> <td style="width: 50%; text-align: center;">DATE</td> </tr> </table>		DATE
	DATE		

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