CORPORATE | 180

CHECK / CREDIT CARD AUTHORIZATION FORM

DATE:

I hereby authorize Corporate180 to charge $_____ to the following Credit Card:

CARD TYPE: ☐ **MASTERCARD** ☐ **VISA** ☐**AMEX** ☐**DISCOVER**
(Please check)

CREDIT CARD NUMBER:

CREDIT CARD EXPIRATION DATE: / /

VIN (CW2) # (3 DIGIT BACK OF CARD OR 4 DIGIT ON FRONT IF AMEX):

CREDIT CARD HOLDER'S BILLING ADDRESS:
Address:
Apt. or Suite #:
City: State: Zip:

SIGNATURE:
(Card Holder)

DAYTIME PHONE NUMBER: ( ) -
(Card Holder)

Please fax or mail to:
Corporate180 LLC
11350 Random Hills Rd., #800
Fairfax, VA 22030
FAX #: 703-222-7722

☒ Please keep this credit card information on file for future billing purposes. I authorize Corporate180 to accept verbal authorization for payments on my account from me, the cardholder, in lieu of signature release for future services.*

* A receipt will be mailed to your billing address for your records.

*Where is **your** company headed?*

Headquarters
11350 Random Hills Road
Suite 800
Fairfax, Virginia 22030
Tel: 703-222-2180
Fax: 703-222-7722

11601 Wilshire Boulevard
5th Floor
Los Angeles, California 90025
Tel: 310-477-9180
Fax: 310-477-9130

6000 Island Boulevard
Suite 1906
N. Miami Beach, Florida 33160
Tel: 305-579-2180
Fax: 305-579-2280