

## CREDIT CARD AUTHORIZATION FORM

Please return form by fax at (202)863-2398 or email to [monitor@cssiinc.com](mailto:monitor@cssiinc.com)

Master Card \_\_\_\_\_ Visa \_\_\_\_\_ American Express \_\_\_\_\_ Diner's Club \_\_\_\_\_

Card Number: \_\_\_\_\_

Credit Card Expiration Date (Month and Year): \_\_\_\_\_

\_\_\_\_\_  
Name as it Appears on the Credit Card (Please Print)

\_\_\_\_\_  
Cardholder's Billing Address as Listed with Credit Card Company

\_\_\_\_\_  
City

\_\_\_\_\_  
State

\_\_\_\_\_  
Zip Code

\_\_\_\_\_  
Cardholder's Signature \_\_\_\_\_ Date \_\_\_\_\_

**If the credit card is issued to a corporation (name) rather than an individual, please provide name of corporation/business name printed on the card below:**

\_\_\_\_\_  
Please provide contact information below for cardholder:

Office Phone: \_\_\_\_\_ Mobile Phone: \_\_\_\_\_

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**OFFICE  
LOCATIONS:**

**Headquarters – Washington DC**  
400 Virginia Ave., SW, Ste. 210  
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Northfield, NJ 08225  
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Fax: 609.910.0632

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7011 Rivers Ave., Ste. 103  
Charleston, SC 29406  
Tel: 843.735.7020  
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