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www.njdwiddefense.com

CREDIT CARD AUTHORIZATION IF PAYING BY CREDIT CARD

FAX BACK TO: 1-973-994-2239 OR MAIL

Client: _____

Date: _____

Re: _____

Card #: _____

Expiration: _____

Name on Card: _____

Billing Address: _____

Security Code (usually a 3-digit # on back of Card): _____

Amount: _____

SIGNED: _____