

**CM SECURITY CONSULTING, INC.**

34 Gardenia Ave

Hampton Bays, NY 11946

631 728-2841

**info@specialeventsolution.com**

**Pre-Authorization Form**

Cardholder Name: \_\_\_\_\_

Cardholder Billing Address: \_\_\_\_\_

\_\_\_\_\_

Cardholder Phone Number: \_\_\_\_\_

Cardholder Fax Number: \_\_\_\_\_

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

Expiration Date: \_\_\_\_\_

CVV2 Number: \_\_\_\_\_

(three digit code located on back of card in signature panel or 4 digit code if using AmEx)

Amount to Apply to Card: \$ \_\_\_\_\_

**Authorization:**

I authorize CM Security Consulting, Inc. to keep my signature on file and to charge to my Master Card/Visa/American Express/Discover (circle one) account for the amount listed above.

This authorization is valid only for the amount listed above.

Cardholder Signature: \_\_\_\_\_ Date: \_\_\_\_\_

**OFFICE USE ONLY: (attach all applicable receipts)**

Date: \_\_\_/\_\_\_/\_\_\_

Amount: \$ \_\_\_\_\_

Processed by: \_\_\_\_\_