



TigerConnect, Inc.
2054 Broadway
Santa Monica, CA 90404

T: (310) 740 9250
E: AR@tigerconnect.com
www.tigerconnect.com

Authorization for Credit Card Use

COMPLETE AND RETURN THIS AUTHORIZATION FORM
All information will remain confidential

Company Name:

Cardholder Name (*as shown on card*):

Card Type: Visa MC AmEx Disc

Card Number:

Expiration Date (mm/yyyy):

Card Security Code: (CVV Code)

I authorize TigerConnect Inc. to charge the credit card provided herein for agreed upon purchases. I understand that my information will be saved to file for future transactions on my account. This authorization will remain in effect until cancelled in writing.

Signature:

Date:

Print Name: