

Credit Card Authorization Form

Name:			
Billing Address:			
City:	State:	Zip:	
Choose credit card type			
☐ Visa			
☐ Mastercard			
☐ American Express			
☐ Discover			
Card #:			
Exp. Date:			
Security Code:			
I authorize QCARA to charge my credit card f	or each reciprocal listing a	\$25 per listing.	
Signature:			