

CRESCENT CITY TRADE EXCHANGE

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Credit or Debit Card Payment Authorization

CCTE Account Number: _____

Company Name: _____

Please indicate method of payment, sign and return to us.

_____ Master Card

_____ Visa

_____ Discover Card

_____ Debit Card

_____ American Express

Credit/Debit Card Number: _____

Cardholder's Name: _____

Expiration Date: _____

? YES ? NO Do you wish to have your cash fees automatically
paid every month with your credit/debit card?

Amount this payment only: _____

Signature: _____

I hereby authorize CCTE to debit my credit card as specified above.