

Credit Card Authorization Form

Your Name: _____

Home Phone#: _____ Cell Phone# _____

Address: _____ City State Zip _____

E-mail address: _____

Type of Business: _____ Industry _____

Service: _____

Credit Card # _____

Exp Date _____ 3digit CV Code _____

Name on Card _____

Billing address if different from above _____

I authorize the billing of the card number above. In the amount of: _____

Signature: _____

***Please note that the Global Business Development Center is a Subsidiary of Rainbow Marketing Inc. and
Your Statement will reflect a payment to Rainbow marketing Inc.***

Please return form to

Fax # 561-894- 4501 email info@globalbusinessdevelopmentcenter.com

We Accept MasterCard, Visa & American Express

