

CREDIT CARD AUTHORIZATION

*Please scan and email back as an attachment to
AdminPSHA@gmail.com or fax to: 760-462-2016*

VISA OR MASTERCARD ONLY

Transaction Amount: _____

Description: _____

Credit Card Number: _____

Expiration Date: _____

SECURITY CODE (from the back of your credit card): _____

Cardholder Name: _____

Billing Address: _____

City: _____ State: _____ Zip: _____

eMail Address: _____

Telephone: (_____) _____

Signature: _____ Date: _____