



CREDIT/DEBIT CARD PAYMENT AUTHORIZATION

East Site Inc.
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Instructions: Please complete this form and mail, e-mail or fax with a copy of front and back of the card.

Name on a Card: _____

Billing Address: _____

Credit/Debit Card Type: VISA Master Card AmEx Discover

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

This authority is for a charge according to the information provided below:

Invoice number: _____ Amount to be charged: _____

I authorize East Site Inc to charge my credit/debit card for payment of their products and/or services. If East Site Inc is unable to process my payment I will be responsible for an alternate payment arrangement and any resulting processing fees.

Name of Card Holder: _____

Signature of Card Holder: _____

Date: _____