



Phone: 786-873-2355

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### Credit Card Authorization Form

I authorize Shownda Pagan of Soi to charge my credit card for her services.

My authorization Info is as follows:

Exact Name on Credit Card: \_\_\_\_\_

Type of card: \_\_\_\_\_

Expiration Date: \_\_\_\_\_ 3or 4 digit # on reverse side: \_\_\_\_\_

Card number: \_\_\_\_\_

Amount Authorized USD\$: \_\_\_\_\_

Mailing Address: \_\_\_\_\_

City, State and Zip: \_\_\_\_\_ Country: \_\_\_\_\_

Contact number: \_\_\_\_\_

E-mail Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_