



AUTHORIZATION TO CHARGE CREDIT CARD

I, _____, authorize ConTemporaries, Inc. to charge my credit card:

- VISA
- MasterCard
- American Express

CREDIT CARD NUMBER: _____

EXPIRATION DATE: ____ / ____
Month Year

CID # _____ (3 digit number on back of card – for AMEX 4 digit code on front of card)

I GRANT CONTEMPORARIES, INC. AUTHORIZATION TO CHARGE MY CREDIT CARD FOR SERVICES I HAVE REQUESTED UNTIL I NOTIFY THEM IN WRITING OF A NEW CREDIT CARD TO REPLACE THIS AUTHORIZATION OR THROUGH THE COMPLETION OF STAFFING SERVICES.

CARDHOLDER SIGNATURE: _____

CARDHOLDER BILLING ADDRESS: _____

CARDHOLDER PHONE NUMBER: _____

COMPANY NAME: _____

COMPANY CUSTOMER ID: _____

PLEASE FAX COMPLETED FORM TO 301-565-0452