

IDENTIFICATION UNIT

COLORADO DEPARTMENT OF PUBLIC SAFETY CREDIT CARD AUTHORIZATION FORM

BLUE INK PLEASE

I authorize you to bill my credit card account for \$ _____

***If you miscalculate the "total amount due", your card will automatically be billed the correct amount. Please check your invoice when your statement arrives for the actual amount billed to your card.**

**No Charge Backs or Refunds
All Sales Final**



Card Number: _____

Expiration Date: _____

Phone Number _____

Cardholder Name

Signature