

**Verification Form**

Due to the extraordinary amount of Credit card fraud and Identity Theft, [Mag-stripe.com](http://Mag-stripe.com) needs the following information:

Credit Card Holder's Name \_\_\_\_\_

Credit Card Holder's Credit Card Billing Address

\_\_\_\_\_  
\_\_\_\_\_

Credit Card Holder's Telephone number \_\_\_\_\_

Credit Card Number \_\_\_\_\_

Credit Card Expiration Date \_\_\_\_\_

Credit Card CVV (the numbers on the signature strip on the back) \_\_\_\_\_

I am an authorized signer for the credit card above and authorize Auto-ID

Products to charge this card for the following items:

_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

I understand the items will be shipped to the verified billing address of this card.

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

**Please fax this page and the other required information to 302-529-7074.**