

**Verification Form**

**Due to the extraordinary amount of Credit card fraud and Identity Theft, Msr-store.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.**