



K&K Connections, LLC

Credit Card Authorization Processing Form

PO Box 2010
Chester, VA 23831
W: www.ridek2k.com
E: info@ridek2k.com
P: 804-275-3872
F: 804-275-3873

Complete All Blanks

K&K Van#

K&K Van Coordinator:

Customer Name:

Address:

City: State: Zip:

Card Holder Name:

Card Type:

Card #:

Card Expiration Date: CCV#:

Amount of Purchase
Including all Fees:

Customer Phone Number:
Customer Fax Number:
Customer Email Address:

Customer Signature: Date:

**Attention Customer - Please sign where indicated and return this form via fax to
K&K Connections - ATTN: Keith Trent, Fax # 804-275-3873.**

If you prefer to email this form every month, please send it to BOTH email addresses below:
william.trent1@navy.mil
ktrent.sr@gmail.com

K&K Connections USE Only:
Rcvd:
Processed:

Approved:
Other: