

Customer Credit Card Authorization

A. Credit Card Billing Information

Your Company Name: _____
Name and Credit Card Billing Address: _____ City: _____
State: _____ Country: _____ Zip Code: _____
Phone Number: _____ FAX: _____ Email: _____
Person Authorizing (please print): _____

B. Issuing Bank

Name of Bank: _____
Bank Address: _____

C. Security Number , Credit Card Number, Expiration Date, Provide by PHONE:

MasterCard Visa AmX

3-digit security code/back of card: _____
Credit Card Number: _____
Expiration Date: _____

D. Credit Card Payment Authorization

Please select one of the Following Payment Options:

BILL MY CREDIT CARD ONCE FOR THE FOLLOWING AMOUNT INCLUDING ANY APPLICABLE FREIGHT and TAX CHARGES: _____

PLEASE APPLY THIS PAYMENT TO THE FOLLOWING PURCHASE ORDER(S) OR INVOICES: _____

The undersigned is the duly authorized representative of (Company) _____ and user of the above credit card. Cardholder agrees that all information is accurate and complete. I authorize (Company), upon oral or written request to debit the foregoing credit card account provided by phone, for all invoices OR Purchase Order amounts and any freight charges due, described above, payable by Company for Product purchased by Company from (company).

(Print)
Name on Card: _____ Title: _____

Authorized Signature: _____ Date: _____