



CREDIT CARD AUTHORIZATION

Company Information:

Company Name _____ Account # _____

Customer Name _____

Billing Address _____

Phone _____ Date _____

Card:

Type of Card: ☐ MC ☐ Visa ☐ American Express ☐ Discover

Name as printed on Card _____

Card Number _____

Expiration Date _____ 3 Digit Pin# _____

Send receipts to: _____

Email Address: _____

Fax Number: _____

☐ I understand that my card will be automatically charged for the monthly outstanding balance unless I have indicated otherwise.

Notes: _____

AUTHORIZED SIGNATURE _____

DATE _____