



CREDIT CARD AUTHORIZATION FORM

COMPANY NAME: _____

TELEPHONE: _____ FAX: _____

TYPE OF CARD: VISA or MC _____

CARD HOLDER: _____

BILLING ADDRESS: _____

CREDIT CARD #: _____

EXPIRATION DATE: _____ *

SECURITY CODE: _____ *

This code is located on back of card in the signature strip

AUTHORIZED SIGNATURE: _____

PRINT NAME: _____ DATE: _____

_____ This authorization is to be used for the current purchase only.

_____ This authorization is to be used for processing payment of all purchases made until further notice

* The expiration date & security code may be called in after the form is faxed.

_____ I understand that freight costs will be billed as a separate transaction for all credit card orders.