

MasterCard and Visa
CREDIT CARD AUTHORIZATION

Order #: _____ Business Phone #: _____

Credit Card Type: _____ Credit Card #: _____
Exp. Date: _____ Card Verification Number (3 Digit) _____

The undersigned represents and warrants that he/she is an authorized agent of _____, and has the authority to request purchases be charged to the above specified credit card.

Purchasing Representative: _____

Signature: _____ Date: _____

Account Holder as appears on card: _____

Email Address for Invoice: _____

Card Billing

Address 1 : _____
City: _____ State: _____
Zip _____

Address 2: _____
City: _____ State: _____
Zip _____

Signature: _____

For your own protection, return this form with a photocopy of your credit card (front and back) to fax # 817.488.4703.