



PC # _____ Phone # _____ Fax # _____

Dear Customer:

We offer the convenience of paying for purchases and/or invoice(s) with your Visa, MasterCard, American Express or Discover Card. Please complete the following form and fax to the number listed above. For your security, do not email your credit card information.

Sincerely,

Manager

 One-time authorization

1. Company Name: _____ Acct #: _____

2. I authorize this company to charge my: Visa MasterCard Discover
for \$ _____ on this day: _____ (date) SO#: _____

3. Card #: _____ Exp Date: _____

Print Name: _____ Authorized Signature: _____

Name on Credit Card: _____

Billing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

 Ongoing authorization

1. Company Name: _____ Acct #: _____

2. I authorize the company to charge my: Visa Mastercard Discover
on an ongoing basis for my purchases/statement/invoices amounts.

3. Card #: _____ Exp Date: _____

Name on Credit Card: _____

Billing address: _____

City: _____ State: _____ Zip: _____ Phone: _____

The following individuals are authorized to use my credit card:

In the event of a dispute, I agree to contact you to try to resolve the dispute prior to contacting my credit card company.

Print Name: _____ Authorized Signature: _____