

Credit Card Authorization Form

COMPANY INFORMATION

Legal Name of Business or Individual Authorizing Charge (If Corporation list full Corporation Name)

Physical Business Street Address (No PO Boxes)

City:

State:

Zip:

CREDIT CARD INFORMATION

<input type="checkbox"/>	VISA	_____	Exp Date: _____
		Credit Card Number	
<input type="checkbox"/>	MASTERCARD	_____	Exp Date: _____
		Credit Card Number	
<input type="checkbox"/>	AMERICAN EXPRESS	_____	Exp Date: _____
		Credit Card Number	
<input type="checkbox"/>	DISCOVER	_____	Exp Date: _____
		Credit Card Number	

Name, exactly as it appears on the card

Mailing Address on File with Credit Card Company (If you are unsure please call your Credit Card Co.)

Street

City/State

Zip

IMPORTANT

If you intend for another individual to place orders and pay for product and services using your credit card, you must give them authorization on this form. Please list the names of those individuals that are authorized to use your credit cards as payment. No other individuals will be allowed to request that these credit cards be used for payment.

Authorized User #1 _____

Authorized User #2 _____

Authorized User #3 _____

The undersigned hereby declares that the credit information listed above is true, accurate and appears in the name stated and authorization is hereby given to the above individuals to use these cards for purchases from _____. Further I authorize my credit card company to accept and to charge to my account for purchases initiated by the above named individuals. This authorization allows _____ to continue to use this information and such information shall remain in full force and affect unless I revoke such authorization in writing.

X _____
Signature of Cardholder

X _____
Print Name Here

Please Fax back to RETAIL at 912.871.5912