

Credit Card Authorization Form

Customer Name:			
Customer Account #:			
Credit Card Number:			
Expiration Date:	Securit	Security Code:	
Type of Credit Card:	VISA American Express	Mastercard Discover	
Name of Credit Card Holder:			
Credit Card Billing Address:			
Email Address:			
Phone #			
Sales Order or Invoice Number(s):			
	Charge Amount 3% surcharge Total	\$ \$ \$	
Please note that all credit card transactions will be subject to a 3% surchage. All credit card transactions must be signed off by a company officer or authorized personnel:			
Person Authorizing Charge:	Print		
	Sign		
	Date		

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