



Credit Card Authorization Form

Customer Name: _____

Customer Account #: _____

Credit Card Number: _____

Expiration Date: _____ Security Code: _____

Type of Credit Card: VISA Mastercard
 American Express 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% surcharge. All credit card transactions must be signed off by a company officer or authorized personnel:

Person Authorizing Charge: Print _____

Sign _____

Date _____