



Credit Card Authorization

Date _____

Customer Name _____ Customer ID _____

Amex: _____ Visa _____ Master Card _____ Discover _____

Credit Card Number _____ - _____ - _____ - _____

Expiration Date _____ / _____ 3 Digit Code _____

Name on Card _____

Billing Address _____

Billing Zip Code _____

_____ **Credit Card Terms:** I understand that my account requires a credit card to be kept on file for all my purchases. I understand that my card will be charged for the subtotal when my order enters production and that I will be charged for freight when the order ships.

Authorized Signature

Date

Please fax this form to 800-574-0008 / Attention: Accounts Receivable