



CREDIT CARD AUTHORIZATION FORM

Company Name: _____

Name of Purchaser: _____
(Please Print)

Client phone number: _____ Client fax number: _____

Type of Card:  or  (please click whichever box applies)

Credit Card Number:

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Expiration Date: Month:

--	--

 Year:

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Amount: \$ _____

Name as it appears on the card: _____
(Please Print)

Card Holder's Signature: _____

Date: _____

Unique reference: _____
(If applicable)

Payment Term: 100% Due Upon Initiation of Work
 100% Due Upon Order Completion

This information is required in order to process your order. Please complete all areas of this form. The authorized cardholder must sign the form.

For Order Entry Use Only:
Reviewed By: _____
Processed By: _____
Date: _____
Order #: _____

For Accounting Use Only:
Processed By: _____
Invoice #: _____
Date: _____
Authorization #: _____
Reference: _____
Credit Memo #: _____
Date Credited: _____