



## CREDIT CARD AUTHORIZATION FORM

Company/Individual Name \_\_\_\_\_

Address \_\_\_\_\_ Ste/Unit# \_\_\_\_\_ City: \_\_\_\_\_ State: \_\_\_\_\_ Zip Code: \_\_\_\_\_

Office/Home Tel \_\_\_\_\_ Mobile \_\_\_\_\_ Fax \_\_\_\_\_

Authorized Personnel/Account Administrators

Name \_\_\_\_\_ Tel \_\_\_\_\_ ext \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_ ext \_\_\_\_\_ E-Mail \_\_\_\_\_

Name \_\_\_\_\_ Tel \_\_\_\_\_ ext \_\_\_\_\_ E-Mail \_\_\_\_\_

*If necessary, please attach a separate list.*

### Company Billing Requirements

Is a P.O. Number or Voucher Number Required? Yes: \_\_\_\_\_ No: \_\_\_\_\_

If "Yes," please indicate specific requirements: \_\_\_\_\_

### Credit Card Information (*Visa, MasterCard, and American Express*)

1. Invoices will be processed on the credit card and then faxed or e-mailed to the company for their records.
- 2. It is necessary to accompany a clear and legible photocopy of the front and back of the credit card listed below with this application.**

Credit Card Type (Check One): Visa \_\_\_ MC \_\_\_ AMEX \_\_\_ Expiration Date \_\_\_\_\_

Credit Card Number \_\_\_\_\_ SIC Code (3 or 4 digits) \_\_\_\_\_

Billing Address \_\_\_\_\_ City \_\_\_\_\_ State \_\_\_\_\_ Zip Code \_\_\_\_\_ Country \_\_\_\_\_

Name as it Appears on Card \_\_\_\_\_ Authorized Signature \_\_\_\_\_

**PLEASE FAX BACK TO (310) 247-0805**