



PC # \_\_\_\_\_ Phone # \_\_\_\_\_ Fax # \_\_\_\_\_

Dear Customer:

We offer the convenience of paying for purchases and/or invoice(s) with your Visa, MasterCard, American Express or Discover Card. Please complete the following form and fax to the number listed above. For your security, do not email your credit card information.

Sincerely,

\_\_\_\_\_  
Manager

\*\*\*\*\*

One-time authorization

1. Company Name: \_\_\_\_\_ Acct #: \_\_\_\_\_

2. I authorize this company to charge my:  Visa  MasterCard  Discover  American Express

for \$ \_\_\_\_\_ on this day: \_\_\_\_\_ (date) SO#: \_\_\_\_\_

3. Card #: \_\_\_\_\_ Exp Date: \_\_\_\_\_

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_

Name on Credit Card: \_\_\_\_\_

Billing address: \_\_\_\_\_

City: \_\_\_\_\_ State: \_\_\_\_\_ Zip: \_\_\_\_\_ Phone: \_\_\_\_\_

In the event of a dispute, I agree to contact you to try to resolve the dispute prior to contacting my credit card company.

Print Name: \_\_\_\_\_ Authorized Signature: \_\_\_\_\_