

PAYMENT AUTHORIZATION

PURCHASER MUST PROVIDE ALL REQUIRED INFORMATION BEFORE ORDER CAN BE PROCESSED
Incomplete Forms Will Be Returned and Delays in Processing Will Occur

Date: _____

***1. Customer/Shipping Information:**

Company (Business) Name: _____

Business & Customer Number: _____

Attention: _____ Email: _____

Address: _____

City: _____ State: _____ Zip Code: _____

Country: _____

Phone: _____ Fax: _____

2. Payment Method (Check One):

Purchase Order Number: _____ Check Enclosed Bill my Company

*Credit Card (The following must be provided to process your request)

*Credit Card Type: Visa Master Card American Express

*Credit Card Number: _____

*3 Digit Security Code: _____
(Found On Back of Card)

*Expiration Date: _____

*Billing Address of Credit Card: _____
(As it appears on Credit Card Bill)

*Billing Zip Code of Credit Card: _____

Phone Number of Credit Card Holder: _____

*Name of Card Holder: _____
(As it Appears on Card - Please Print or Type)

*Signature of Card Holder: _____

***Information must be provided for order to be processed in a timely manner. Incomplete forms will be returned and shipment delayed.**

FOR OFFICE USE ONLY

Credit Card Processing:

Approval No. _____

Transaction Amount \$ _____

Process Date _____

Processed By _____

Miscellaneous Cash Received:

Transaction Amount \$ _____

Credit Account No. _____

FP No. _____