



QP058	Credit Card Authorization		
Issued by: Accounting	Effective Date: 9/2/2015	Rev. D	Pg. 1 of 1
Approved: 9/2/2015 7:03 AM - Jim Parsons			

CREDIT CARD AUTHORIZATION

COMPANY NAME: _____

ADDRESS: _____

CITY: _____ STATE: _____ ZIP: _____

PHONE: _____ FAX: _____

CONTACT NAME: _____ TITLE: _____

TERMS: *A 3% processing fee will be applied to Visa and Master Card orders and 5% for American Express.
 *All future orders will be charged to the card indicated below unless otherwise specified by the customer.

CREDIT CARD INFORMATION

TAX ID #: _____

MasterCard
 Visa
 American Express

Account Number

Expiration Date: _____ / _____ CVC Code: _____

Personal Credit Card
 Company Credit Card

Card Holders Name: _____

Signature: _____

Billing Address: _____

I have read, understood and agreed to all terms as described above and confirm that the information provided is complete and correct.

Signature: _____

Printed Name: _____ Date: _____