



CREDIT CARD AUTHORIZATION RELEASE FORM

Company:

Contact:

TOTAL AMOUNT DUE BY : INVOICE

CREDIT CARD NUMBER _____ EXP ____ / ____

CVC CODE _____ (LAST 3 DIGITS ON BACK OF CARD)

TYPE OF CARD ____ VISA ____ MASTERCARD ____ AMERICAN EXPRESS ____ OTHER

NAME ON CARD _____

BILLING ADDRESS FOR THIS CARD _____

BILLING CITY FOR THIS CARD _____

BILLING ZIP FOR THIS CARD _____

X _____
Signature of card holder.

BUYER AGREES BY SIGNING ABOVE THAT ALL INFORMATION IS CORRECT AND AGREES TO PAY TOTAL AMOUNT DUE LISTED ABOVE ACCORDING TO CARDHOLDER'S AGREEMENT.

FALSE INFORMATION PROVIDED OR WITHHELD AND WHERE CREDIT CARD REJECTS, RECLAIMS OR REVERSES PAYMENT WILL BE TURNED OVER FOR COLLECTIONS.

WHEN COMPLETED PLEASE FAX TO: A/R CLERK @ 618-205-3461