



Credit Card Authorization Form

The following information is required to process a credit card transaction.

Date: \_\_\_\_\_

Company Name \_\_\_\_\_

Name as it appears on credit card: \_\_\_\_\_

Billing Address:

Street Address: \_\_\_\_\_

City, State, Zip Code \_\_\_\_\_

Credit Card (circle one)      AMEX                  VISA                  MasterCard                  Discover

Card Number \_\_\_\_\_

Security code \_\_\_\_\_ Expiration Date \_\_\_\_\_

Amount to be charged (If a deposit, otherwise it will be the total invoice) \_\_\_\_\_

Quote # or Invoice# (if available) \_\_\_\_\_

Phone Number \_\_\_\_\_

Signature of person authorizing charge \_\_\_\_\_

*Thank you for your order!*

Please fax this form to (518) 482-5548 Attn: Denise
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