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CREDIT CARD AUTHORIZATION FORM

For your convenience, we will use this authorization to process the amount stated on your purchase order(s) sent via fax, phone, e-mail, or mailed and charge your credit card account for the said amount and any additional incurred fees.

PLEASE TYPE OR PRINT

Company Trade Name:		
Address Line 1		
Address Line 2		
City:	State:	Zip Code:
Contact Name:	Purchase Order No.:	
Telephone:	Order Date:	
Facsimile:	email Address:	

Type of Credit Card:	Visa	M/C	(Please Circle One)
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Account No.:	Expiration Date:	
Cardholder's Name:	CVV Code:	
Cardholder's Billing Address:		
City:	State:	Zip Code:

(This information must be exactly as it appears on your monthly billing statement)

Cardholder's Signature:	Date:
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