



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