

Credit Card Authorization Form

Send to:
Kim Coleman, Accg. Mgr.
 (Phone) **330-220-0515, ext. 104**
 (Fax) **1-330-220-0516**

Date: _____
 Company Name: _____
 Contact name: _____
 Phone #: _____
 Quotation/Invoice#: _____ Total Amount: \$ _____
 A convenience fee of 2% will be added to each transaction \$: _____

- One Time Only Charge
 Blanket Authorization - credit card information will be kept on file until stated end date

End Date: _____

(Name & address must be exactly as appears on your credit card statement)

Credit Card Information	
Name on Credit Card:	_____
Address, City, State, Zip:	_____
Credit Card No:	CID/CVV#: _____
Amex, Visa or M/C, Discover:	_____
Expiration Date:	_____
Authorized Signature:	_____

Unless blanket authorization is given, this form will be shredded once the transaction has been fully processed

DO NOT WRITE BELOW LINE.

Approval Code: _____ Confirmed Total: _____
 Date: _____
 Confirmed By: _____