

Tel: (800) 825-2303 Fax: (903) 663-7510 P.O. Box 6195, Longview, TX 75608 Open: Mon - Fri 8:00AM - 5:00PM

CREDIT CARD PAYMENT AUTHORIZATION FORM

Date:						
	VENDOR GRA	NTED AUT	HORIZAT	ION:		
Company:						
Address:						
City:		State:		ZIP:		
Phone:		Email:				
INVOICE	D	DETAILS			AMOUNT	
			Subtotal:			
			Total:			
Card Number:				_ Expiration:		
CVC:		Card Type:	□ Visa	□ MasterCard	□ Amex	
Name on Card:						
Billing Address:						
Date:	Signature:					

This is a one-time payment authorization for the specific item(s) listed above.