



CREDIT CARD AUTHORIZATION FORM FAX TO: 888-839-9495

Customer Name (Please Print) _____

Customer ID# or order #: _____

Credit Cards are processed upon receipt of order unless otherwise noted on customer account.

Credit Card Number

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Expiration Date

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Month Year

(3 or 4 digit Validation code on back of your card) _ _ _ _

Signature exactly as it appears on Credit Card

Date:

Please PRINT name exactly as it appears on Credit Card

Credit Card billing Address (please include zip code)

Address

City

State

Zip

Phone number: _____

****Initial here if you would like this form to be kept on file for future purchases**** _____