



As a convenience for our resellers, we accept credit card charges for payment on your account. If you wish to take advantage of this feature, complete and sign the authorization below. Please fax or mail this form to our accounting department.

Credit Card Authorization

Cardholder Name: _____

Type of Card: Visa MasterCard American Express Discover

Credit Card Number: _____

Expiration Date: _____

Billing Address: _____

Phone Number: _____

Card Holder Signature: _____

Initial here (), if you would like to use this card for future orders.