



Credit Card Authorization

Company Name

As the individual card holder or representative, I hereby authorize this card to be used for the remittance(s) below.

Payment of Open Invoices Deposit/Prepayment on Orders

Other:

Name as it Appears on Credit Card

Type of Credit Card

VISA MASTERCARD

Credit Card Number

Expiration Date

Security Code

Zip Code

*Disclaimer:

A 4% convenience fee will be charged on Visa/MasterCard based on total invoice amount

Authorization Signature

Date
