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CREDIT CARD AUTHORIZATION

DATE: ______P.O.# _____

P.O. \$ AMOUNT: _____

Part No.	Quantity	Part No.	Quantity

Sales Person: _____

NAME ON CREDIT CARD	
CUSTOMER'S BILLING ADDRESS FOR CREDIT CARD	
ACCOUNT #	
EXPIRATION DATE	
SECURITY CODE (On back of credit card, in front for AMEX)	
DAYTIME PHONE NUMBER	
NAME OF ISSUING BANK	
PHONE NUMBER OF ISSUING BANK	
SIGNATURE OF CARDHOLDER OR AUTHORIZED USER	

Please fax back to 631.580.9400.