



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 <small>(On back of credit card, in front for AMEX)</small>	
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.