



**FAX BACK TO:
813-935-5804**

AUTHORIZATION TO CHARGE

NOTE: IT IS IMPERATIVE THAT EVERY FIELD IS FILLED OUT. ANY BLANK SPACE **WILL** RESULT IN THE DELAY OF YOUR SHIPMENT.

CREDIT CARD BILLING INFORMATION

Company Name: _____

Address: _____

City: _____ **ST:** _____ **ZIP:** _____

CARD TYPE: VISA MC DISCOVER AMEX (CHECK ONE)

CARD NAME: _____

CARD NUMBER: _____

EXPIRATION DATE: _____

SIGNATURE: _____

PRINTED NAME of AUTHORIZED SIGNER: _____

CHECK ONE OF THE FOLLOWING AS IT APPLIES TO AUTHORIZATION TO CHARGE:

_____ **AUTHORIZATION TO CHARGE EACH ORDER AS SHIPPED UNTIL EXPIRATION OF CARD.**

_____ **AUTHORIZATION TO CHARGE EACH SHIPPED ORDER WITH FAXED VERIFICATION OF ORDER AND AMOUNT SIGNED BY CARD HOLDER PRIOR TO SHIPPING.**

DRIVER's LICENSE #: _____

STATE: _____ **DATE of CHARGE:** _____